



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000031011

2. Name of Corporation Rhode Island Society for Respiratory Care

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 6645

City or Town: PROVIDENCE

State: RI

Zip: 02940-6645

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROFESSIONAL ORGANIZATION FOR CONTINUING EDUCATION AND COMMUNITY AWARENESS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID MCGRATH	63 BELVEDERE BLVD N. PROVIDENCE, RI 02911 USA
TREASURER	KEVIN CONNORS	150 RICCI LANE NORTH KINGSTOWN, RI 02852 USA

SECRETARY	ANDRA GILLI	46 WOODHAVEN NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	DOROTHY LUNNIN	1560 DOUGLAS AVE A-6 NORTH PROVIDENCE PROVIDENCE, RI 02904 USA
DIRECTOR	PEDRO CASTILLO	36 BRETT COURT WARWICK, RI 02886 USA
DIRECTOR	KELLEY MARINO	10 RED OAK DRIVE COVENTRY, RI 02816-7947 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

RICK NICHOLS RESPIRATORY CARE 164 SUMMIT AVENUE PROVIDENCE , RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 17 Day of July, 2013 at 12:42:33 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KEVIN M. CONNORS

Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☒ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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