



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 61349		2. Exact name of the Corporation SAFETY ASSOCIATION OF RHODE ISLAND, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROVIDING WORK PLACE SAFETY RESOURCES FOR RHODE ISLAND COMPANIES.			
5. Principal office address P.O. BOX 6606			City PROVIDENCE	State RI	Zip 02940-6606
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT J. GALLAGHER			Vice-President Name JOHN BERNARDO		
Street Address 180 EAST SHORE ROAD			Street Address 55 CARLTON AVENUE		
City JAMESTOWN	State RI	Zip 02835	City WARWICK	State RI	Zip 02889
Secretary Name JANINE PITOCOCCO			Treasurer Name SHAUN GALLIGAN		
Street Address 743 REYNOLDS ROAD			Street Address 235 KILVERT STREET		
City WEST GLOCESTER	State RI	Zip 02814	City WARWICK	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES); RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOHNELL NORTON			Director Name JASON LAVOIE		
Street Address 61 WINTON STREET			Street Address 50 BELVER AVENUE		
City CRANSTON	State RI	Zip 02910	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name RAYMOND ANTONELLI			Director Name		
Street Address 91 HOLLYHOCK DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date APR 18 2014

Check No BY 11222623

By: 11/14
 FOR SECRETARY OF STATE USE ONLY 2014 APR 18 AM 11:14

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert J. Gallagher 4/17/2014
 Signature of Officer Date

ROBERT J. GALLAGHER

Print or Type Name of Officer

PRESIDENT

Title of Officer