



**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

**Foreign Non-Profit
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: 2014

1. Corporate ID No. 000055490

2. Name of Corporation AMERICAN MASSAGE THERAPY ASSOCIATION

3. State of Incorporation

State: DE

4. Corporate Address in Rhode Island

No. and Street: 10 WEYBOSSET STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 500 DAVIS STREET

SUITE 900

City or Town: EVANSTON State: IL Zip: 60201 Country: USA

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

PROFESSIONAL MEMBERSHIP ORGANIZATION OF MASSAGE THERAPISTS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NANCY M. PORAMBO	500 DAVIS STREET, SUITE 900 EVANSTON, IL 60201 USA
TREASURER	BILL BROWN	500 DAVIS STREET, SUITE 900 EVANSTON, IL 60201 USA
SECRETARY	BILL BROWN	500 DAVIS STREET, SUITE 900 EVANSTON, IL 60201 USA
VICE PRESIDENT	NATHAN J NORDSTROM	500 DAVIS STREET, SUITE 900 EVANSTON, IL 60201 USA

DIRECTOR	NANCY M. PORAMBO	500 DAVIS STREET, SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	BILL BROWN	500 DAVIS STREET, SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	NATHAN J NORDSTROM	500 DAVIS STREET, SUITE 900 EVANSTON, IL 60201 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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 13 Day of May, 2014 at 11:16:43 AM by the authorized person. *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 company, 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 MICHELLE DONATO
Signature of Authorized Person

Form No. 631
Revised 09/07

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