



**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: 2014

1. Corporate ID No. 000038388

2. Name of Corporation Emergency Nurses Association, Rhode Island Council

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 132 FIELDSTONE LANE

City or Town: SAUNDERSTOWN

State: RI Zip: 02874 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

IMPLEMENTING THE OBJECTIVES AND COORDINATING PROFESSIONAL ACTIVITIES
OF THE NATIONAL ASSOCIATION WITHIN THE STATE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT READY	94 CATALPA AVE EAST PROVIDENCE, RI 02915-3108 USA
TREASURER	BARBARA GREENWOOD	132 FIELDSTONE LANE SAUNDERSTOWN, RI 02874 USA

DIRECTOR	TERI LINTON	7 PORTLAND STREET EAST PROVIDENE, RI 02914-4909 USA
DIRECTOR	KAREN SMITH	131 SOUTHWINDS DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	CHARLENE DRALEAU	173 JEFFERSON ROAD HARRISVILLE, RI 02830-1412 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**

BARBARA GREENWOOD 132 FIELDSTONE LANE SAUNDERSTOWN , RI 02874-

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

Signed this 27 Day of June, 2014 at 10:58:55 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 BARBARA GREENWOOD
Signature of Authorized Person

Form No. 631
Revised 09/07

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