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

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Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

Help with this form

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: 2015

1. Corporate ID No. 000039318

2. Name of Corporation Rhode Island Inter-Local Risk Management Trust, Inc.

3. State of Incorporation

State: RI

FILED
JUN 04 2015
By Kmc

2015 JUN -4 P 12:05
SECRETARY OF STATE
CORPORATIONS DIV

4. Corporate Address in Rhode Island

No. and Street: 501 WAMPANOAG TRAIL, SUITI

City or Town: EAST PROVIDENCE State: RI Zip: 02915 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

MUNICIPAL SELF-INSURANCE POOL - THERE IS NO FEE FOR ANY FILINGS FOR THIS ENTITY PURSUANT TO SECTION 45-5-20.1

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Delete	Title		

		Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
☐	DIRECTOR	STEPHEN A. ALFRED	180 HIGH STREET SOUTH KINGSTOWN, RI 02879 USA
☐	DIRECTOR	PETER A. DeANGELIS, JR.	283 COUNTY ROAD BARRINGTON, RI 02806 USA
☐	DIRECTOR	SCOTT AVEDISIAN	3275 POST ROAD WARWICK, RI 02886 USA
☐	DIRECTOR	JEFFREY CEASRINE, P.E.	25 FIFTH AVENUE NARRAGANSETT, RI 02882 USA
☐	DIRECTOR	MARYANNE CRAWFORD, CPA, SFO	307 CURTIS CORNER ROAD WAKEFIELD, RI 02879 USA
☐	DIRECTOR	JAMES A. DIOSSA	580 BROAD STREET CENTRAL FALLS, RI 02863 USA
☐	DIRECTOR	DOUGLAS FIORE	100 NORTH BRAYTON ROAD TIVERTON, RI 02878 USA
☐	DIRECTOR	ROBERT A. HICKS, Ed.D.	HIGH STREET, P.O. BOX 1890 BLOCK ISLAND, RI 02807 USA
☐	DIRECTOR	THOMAS R. HOOVER, ICMA-CM	1670 FLAT RIVER ROAD COVENTRY, RI 02816 USA
☐	DIRECTOR	JOHN P. MAINVILLE, CGFM	105 HARRISVILLE MAIN STREET HARRISVILLE, RI 02830 USA
☐	DIRECTOR	LORI A. MILLER	1624 LONSDALE AVENUE LINCOLN, RI 02865 USA
☐	DIRECTOR	ANTONIO A. TEIXEIRA	10 COURT STREET BRISTOL, RI 02809 USA
☐	DIRECTOR	DANIEL L. BEARDSLEY, ex-officio	ONE STATE STREET PROVIDENCE, RI 02908 USA
☐	PRESIDENT & EXECUTIVE DIRECTOR	IAN C. RIDLON, ESQ.	501 WAMPANOAG TRAIL, SUITE 301 EAST PROVIDENCE, RI 02915 USA
☐	TREASURER	HEATHER A. SHELEY	501 WAMPANOAG TRAIL, SUITE 301 EAST PROVIDENCE, RI 02915 USA
☐	SECRETARY	COLLEEN M. BODZIONY	501 WAMPANOAG TRAIL, SUITE 301 EAST PROVIDENCE, RI 02915 USA

Select From Below ▼ Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

Clear Add

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

IAN C. RIDLON, ESQ. 501 WAMPANOAG TRAIL, SUITE 301 EAST PROVIDENCE , RI 02915

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

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: DEBBY MAYNARD
Business Name: RI INTERLOCAL RISK MANA(
No. and Street: 501 WAMPANOAG TRAIL
SUITE 301
City or Town: EAST PROVIDENCE
Contact Phone:

- Same Address as - ▼

State: RI Zip: 02915 Country: USA

Contact Email: Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 4 Day of June, 2015 at 8:49:04 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 Ian C. Ridlon, Esq.
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing

◉ Accept ○ Decline

Click HERE to Submit This Information

Form No. 631
Revised 09/07

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Help