



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: 2015

1. Corporate ID No. 000066388

2. Name of Corporation Rhode Island Association of Nurse Anesthetists,Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: ONE WORTHINGTON ROAD

City or Town: CRANSTON

State: RI Zip: 02920 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

NURSE ANESTHESIA

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JON JORDAN	7 WALLACE ST. BERKLEY, MA 02779 USA
TREASURER	DAVID CAIN	89 EDDY ST. APT. 304 PROVIDENCE, RI 02903 USA
SECRETARY	ROGER SCUNGIO	940 QUAKER LANE, APT. 2708

		EAST GREENWICH, RI 02818 USA
VICE PRESIDENT	BRIAN GIRARD	102 POMONA ST. N. SMITHFIELD, RI 02896 USA
DIRECTOR	LAURA BASSI	555 SOUTH MAIN ST., APT. 310 PROVIDENCE, RI 02903 USA
DIRECTOR	GARRICK WHITLOCK	77 BOYCE AVE. PAWTUCKET, RI 02861 USA
DIRECTOR	KEITH MACKSOUD	1817 OLD LOUISQUISSET PIKE LINCOLN, RI 02865 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**

ANNE TIERNEY 1 WORTHINGTON ROAD CRANSTON , RI 02920

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

Signed this 21 Day of June, 2015 at 6:06:17 PM 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 JON JORDAN
Signature of Authorized Person

Form No. 631
Revised 09/07