



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:** 2016

**1. Corporate ID No.** 000031011

**2. Name of Corporation** Rhode Island Society for Respiratory Care

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 6645

City or Town: PROVIDENCE State: RI Zip: 02904 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**

PROFESSIONAL ORGANIZATION FOR CONTINUING EDUCATION AND COMMUNITY AWARENESS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	MICHAEL CARNEVALE	6 CANTONE DRIVE JOHNSTON, RI 02919 USA
TREASURER	ROBERT GOODWIN	15 ROSEBANK DRIVE PROVIDENCE, RI 02908 USA

SECRETARY	ANDRA GILLI	46 WOODHAVEN ROAD NORTH KINGSTON, RI 02852 USA
PAST PRESIDENT	DOROTHY LUNIN	1560 DOUGLAS AVENUE A-6 PROVIDENCE, RI 02904 USA
DELEGATE	PAUL MANGINO JR.	137 SOUTH MAIN STREET COVENTRY, RI 02816 USA
DIRECTOR	KEVIN CONNORS	150 RICCI LANE NORTH KINGSTON, RI 02852 USA
DIRECTOR	DANIEL MOURNIGHAN	181 LAKE SHORE DRIVE WARWICK, RI 02889 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**

RICK NICHOLS RESPIRATORY CARE 164 SUMMIT AVENUE PROVIDENCE , RI 02906

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

**Signed this 3 Day of May, 2016 at 10:46:43 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 MICHAEL J CARNEVALE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations  
All Rights Reserved