



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000797642		STUDENT NURSES ASSOCIATION OF RHODE ISLAND (SNARI)			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		SNARI promotes student participation in activities related to nursing and service.			
5. Principal Office Address		City	State	Zip	
27 Mettatumet Road		Narragansett	RI	02882	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Franchesca Sevigny		Vice-President Name Genevieve Kuada			
Street Address 46 Lincoln Avenue		Street Address 58 Larkin Avenue			
City Pawtucket	State RI	Zip 02861	City Warwick	State RI	Zip 02886
Secretary Name Katerina Michalopoulos		Treasurer Name None at present			
Street Address 33 Paton Road		Street Address			
City Woonsocket	State RI	Zip 02895	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Franchesca Sevigny		Director Name Genevieve Kuada			
Street Address 46 Lincoln Avenue		Street Address 58 Larkin Avenue			
City Pawtucket	State RI	Zip 02861	City Warwick	State RI	Zip 02886
Director Name Katerina Michalopoulos		Director Name Elizabeth M. Bloom			
Street Address 33 Paton Road		Street Address 27 Mettatumet Road			
City Woonsocket	State RI	Zip 02895	City Narragansett	State RI	Zip 02882
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Elizabeth M. Bloom				Date 06/02/2016	
Signature of Officer/Authorized Representative <i>Elizabeth M. Bloom</i>					

FILED

JUN 06 2016

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