



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. 000111265

2. Name of Corporation New England Assembly of Nurse Anesthetists, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 77 WOLLCOTT AVENUE, SUITE 105

City or Town: DARTMOUTH

State: RI Zip: 02747 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

THE PROMOTION OF NURSE ANESTHESIA, THE FACILITATION OF THE CONTINUING EDUCATION OF 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 | DAURIE DEVORE | 604 WOODLAND HILLS DR. TRUMBULL, CT 06611 USA |
| TREASURER | STEPHANIE SYLVIA | 30 BRAINARD AVE., APT. 312 MEDFORD, MA 02155 USA |

| | | |
|----------------|-----------------|--|
| VICE PRESIDENT | MEGAN LEFFLER | 788 WILLARD ST. #502 QUINCY, MA 02169 USA |
| DIRECTOR | FLORENCE EGAN | 13 UPTON LANE BOXFORD, MA 01921 USA |
| DIRECTOR | ELAINE SULLIVAN | 1751 VERITELL ROAD ACTON, MA 01720 USA |
| DIRECTOR | ANNE TIERNEY | 4 DIANA DRIVE PAWTUCKET, RI 02861 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 E. TIERNEY, CRNA 4 DIANA DRIVE PAWTUCKET , RI 02861

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

Signed this 18 Day of June, 2016 at 9:50:19 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 DAURIE DEVORE
Signature of Authorized Person

Form No. 631
Revised 09/07