



**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. 000159482

2. Name of Corporation Reflexology Association of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 195 BROADWAY

City or Town: PORTSMOUTH State: RI Zip: 02871 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

COMMITTED TO ESTABLISHING THE PROFESSION OF REFLEXOLOGY BY
MONITORING LAWS AND REGULATIONS, ESTABLISHING STANDARDS AND ETHICS
AND PROMOTING CONTINUING EDUCATION FOR OUR MEMBERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	KELLY URSO	4 BROAD ST WESTERLY, RI 02891 USA
TREASURER	LORI SKLARSKI	195 BROADWAY

		PORTSMOUTH, RI 02871 USA
DIRECTOR	ELYSIA BATES	528 NORWICH RD PLAINFIELD, CT 06374 USA
DIRECTOR	JULIE BALIS	4193 WHITNEY AV HAMDEN, CT 06518 USA
DIRECTOR	ELIZABETH WOLF CALVINO	608 KETTLE POND DRIVE SOUTH KINGSTOWN, RI 02879 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**

LORI SKLARSKI 195 BROADWAY PORTSMOUTH , RI 02871

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

Signed this 20 Day of June, 2016 at 10:31:52 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 KELLY URSO
Signature of Authorized Person

Form No. 631
Revised 09/07

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