



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. 000029562

2. Name of Corporation RHODE ISLAND CERTIFIED SCHOOL NURSE-TEACHERS

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 21 VALLEY LANE

City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 21 VALLEY LANE

City or Town: PORTSMOUTH State: Zip: 02871 Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDE PROFESSIONAL RESOURCE, EDUCATION AND NETWORKING
OPPORTUNITIES FOR RI CERTIFIED SCHOOL NURSE TEACHERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DIANE L KOWAL	95 EAST SHORE DRIVE COVENTRY, RI 02816 USA
DIRECTOR	MARIANNE ADAMS	81 CRANSTON CIRCLE NORTH KINGSTOWN, RI 02852 USA

DIRECTOR	DIANE KOWAL	95 EAST SHORE DRIVE COVENTRY , RI 02816 USA
DIRECTOR	CHRISTINE P. FECTEAU	21 VALLEY LANE PORTSMOUTH, RI 02871 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**

CHRISTINE VUOLO-FECTEAU 21 VALLEY LANE 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 29 Day of June, 2016 at 8:57:04 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 CHRISTINE P. FECTEAU
Signature of Authorized Person

Form No. 631
Revised 09/07

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