



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. 000973737

2. Name of Corporation The American College of Health Care Administrators, Rhode Island Chapter

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2115 SOUTH COUNTY TRAIL

City or Town: WEST KINGSTON

State: RI Zip: 02892 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

TO RECEIVE, ADMINISTER AND EXPEND FUNDS TO ESTABLISH AND MAINTAIN AN ORGANIZATION COMPOSED OF HEALTH CARE ADMINISTRATORS AND RELATED ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
PRESIDENT	MELISSA M PREVEY	2115 SOUTH COUNTY TRAIL WEST KINGSTON, RI 02892 USA
TREASURER	KELLY ARNOLD	546 MAIN STREET

		COVENTRY, RI 02816 USA
SECRETARY	LINDA WHEELER	4 ST JOSEPH STREET WOONSOCKET, RI 02895 USA
VICE PRESIDENT	JEN ROMAGNOLLO	70 HARRISON AVE NEWPORT, RI 02840 USA
DIRECTOR	ELIZABETH SARRO	57 RIVER VUE AVENUE 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**

NORTHWEST REGISTERED AGENT, LLC ONE RICHMOND SQUARE, SUITE 125B 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 8 Day of July, 2016 at 2:09:21 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 MELISSA PREVEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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