



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. 000027803

2. Name of Corporation Rhode Island Association of Insurance and Financial Advisors, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2400 POST ROAD

City or Town: WARWICK

State: RI

Zip: 02886

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

NON-PROFIT PROFESSIONAL ASSOCIATION LIFE AND HEALTH INSURANCE
EDUCATION AND PUBLIC RELATIONS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MICHAEL D CARANO	Address, City or Town, State, Zip Code, Country PO BOX 10369 CRANSTON, RI 02910 USA
VICE PRESIDENT	JONATHAN P. MATRULLO	10 ORMS STREET PROVIDENCE, RI 02904 USA

EXECUTIVE DIRECTOR	MARK A MALE	2400 POST ROAD WARWICK, RI 02886 USA
ASSISTANT SECRETARY	MARK A MALE	2400 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	DAVE B LEA III	500 SOUTH MAIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JORDAN P PAVLIDES	10 ORMS STREET PROVIDENCE, RI 02903 USA
DIRECTOR	BRIAN FALCONER	401 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
DIRECTOR	RAPHAEL PAOLA III	500 SOUTH MAIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JANICE A KAPLAN	401 WAMPANOAG TRAIAL EAST PROVIDENCE, RI 02915 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**

ALICE STANELUN 2400 POST ROAD WARWICK , RI 02886

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

Signed this 3 Day of August, 2016 at 3:19:41 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 MARK MALE
Signature of Authorized Person

Form No. 631
Revised 09/07

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