


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 00117694		2. Exact name of the Corporation Rhode Island Apartment Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote professionalism within the multi-family housing industry through education & public issues affecting said industry.			
5. Principal office address 558 Smithfield Avenue		City Pawtucket		State RI	Zip 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jeffrey Ferland			Vice-President Name Sherry Kriss		
Street Address 558 Smithfield Avenue			Street Address 558 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Ron Serpa			Treasurer Name Frank O. Bragantin		
Street Address 558 Smithfield Avenue			Street Address 558 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES): RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sherry Kriss			Director Name Michael Raheb		
Street Address 558 Smithfield Avenue			Street Address 558 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name Frank O. Bragantin			Director Name		
Street Address 558 Smithfield Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No. _____

By _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer or Authorized Representative

Date

Frank O. Bragantin, Treasurer

Print or Type Name of Officer or Authorized Representative