



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: **2017**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000797642		2. Exact name of the Corporation STUDENT NURSES ASSOCIATION OF RHODE ISLAND (SNARI)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SNARI is an independent student organization which promotes student participation in activities relative to nursing such as participating in community affairs and activities towards improving health care.			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address 27 Mettatuxet Road			City Narragansett	State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dominique Marshall			Vice-President Name Jessa Goldstein		
Street Address 8 Tanglewood Court, Apt. 5			Street Address 16 Marshall Street, Apt. 2		
City West Warwick	State RI	Zip 02893	City Providence	State RI	Zip 02909
Secretary Name Isabel Sidoli			Treasurer Name None		
Street Address 6 Hazel Street			Street Address		
City Westerly	State RI	Zip 02890	City	State RI	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Dominique Marshall			Director Name Jessa Goldstein		
Street Address 8 Tanglewood Court, Apt. 5			Street Address 16 Marshall Street, Apt. 2		
City West Warwick	State RI	Zip 02893	City Providence	State RI	Zip 02909
Director Name Isabel Sidoli			Director Name Elizabeth M. Bloom		
Street Address 6 Hazel Street			Street Address 27 Mettatuxet Road		
City Westerly	State RI	Zip 02890	City Narragansett	State RI	Zip 02882
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Elizabeth M. Bloom				Date 06/08/2017	
Signature of Officer/Authorized Representative <i>Elizabeth M. Bloom</i> SIGN DOCUMENT HERE					

FILED

JUN 12 2017

BY

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017