



**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:** 2017

**1. Corporate ID No.** 000099911

**2. Name of Corporation** Rhode Island Assisted Living Association, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813910

**4. Corporate Address in Rhode Island**

No. and Street: 500 N BROADWAY  
City or Town: EAST PROVIDENCE State: RI Zip: 02914 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 PROMOTE THE INTEREST OF THE ASSISTED LIVING INDUSTRY AND ENHANCE THE QUALITY OF LIFE FOR THE POPULATION IT SERVES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	MICHAEL CRISCIONE	10 WEYBOSSET ST. PROVIDENCE, RI 02904 USA
SECRETARY	BOB INGRAM	159 DIVISION ST E. GREENWICH, RI 02818 USA
2ND VICE CHAIR	AKSHAY TALWAR	53 OLD POCASSET ROAD JOHNSTON, RI 02919 USA
VICE CHAIR	LINDA SILVEIRA	75 MINNESOTA AVENUE WARWICK, RI 02886 USA
CHAIR	KAREN LALLY	670 N. MAIN STREET PROVIDENCE, RI 02904 USA
IMMEDIATE PAST CHAIR	KAREN PECK	100 JEFFERSON BLVD WARWICK, RI 02888 USA
DIRECTOR	ROBERTA RAGGE	1 SHALOM DRIVE WARWICK, RI 02886 USA
DIRECTOR	MARK LESCAULT	47 BARKER AVENUE WARREN, RI 02885 USA
DIRECTOR	JOHN STEFANIK	30 ROLFE SQUARE CRANSTON, RI 02910 USA
DIRECTOR	JASEN CROZIER	715 PUTNAM PIKE GREENVILLE, RI 02828 USA
DIRECTOR	TAIWO SODIPO	50 WARWICK AVENUE CRANSTON, RI 02905 USA
DIRECTOR	LISA BUONO	336 WILLET AVENUE RIVERSIDE, RI 02905 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**

KATHLEEN P. KELLY 2224 PAWTUCKET AVENUE EAST PROVIDENCE , RI 02914

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

**Signed this 14 Day of June, 2017 at 11:28:57 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 BOB INGRAM  
Signature of Authorized Person

Form No. 631  
Revised 09/07

