



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

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 31142		2. Exact name of the Corporation Rhode Island Government Finance Officers Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Improve methods of state and municipal finance through educational forums.			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address Newport City Hall - 43 Broadway		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Randy Rossi			Vice-President Name Kerri Baker		
Street Address Town of Smithfield 64 Farnum Pike			Street Address RI Gen Treasurers Office		
City Smithfield	State RI	Zip 02917	City Warwick	State RI	Zip 02886
Secretary Name William Fazioli			Treasurer Name Carolyn J. Cleary		
Street Address The PFM Group 10 Weybosset St			Street Address Newport City Hall 43 Broadway		
City Providence	State RI	Zip 02903	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Vincent Izzo			Director Name Julie Goucher		
Street Address RI Gen Treasurers Office			Street Address Town of Bristol 10 Court St		
City Warwick	State RI	Zip 02886	City Bristol	State RI	Zip 02809
Director Name Kathy Raposa			Director Name John Ward		
Street Address Town of Barrington 283 County Rd			Street Address Town of Lincoln 1134 Great Rd		
City Barrington	State RI	Zip 02806	City Lincoln	State RI	Zip 02865
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 Carolyn J. Cleary, RIGFOA Treasurer				Date	
Signature of Officer/Authorized Representative					

FILED

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

JUN 14 2017

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Rhode Island Government Finance Officers Association

ID No. 31142

SECTION 7. (ATTACHMENT)

2nd Vice President Karen Giebink

Street Address Narragansett Bay Commission
1 Service Rd

City Providence **State** RI **Zip Code** 2905

SECTION 8. (ATTACHMENT)

Director Name Patricia Sunderland

Street Address Town of South Kingstown
180 High St

City Wakefield **State** RI **Zip Code** 02879
