



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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 JUN 22 PM 2:32

|  |                     |  |  |                    |                            |
|--|---------------------|--|--|--------------------|----------------------------|
| 1. Entity ID Number<br><b>29233</b>  |                     | 2. Exact name of the Corporation<br><b>THE RHODE ISLAND ASSOCIATION OF ELECTROLOGISTS</b>          |  |                    |                            |
| 3. State of Incorporation<br><b>R.I.</b>   |                     | 5. Brief description of the character of business conducted in Rhode Island<br><b>ELECTROLYSIS</b> |  |                    |                            |
| 4. NAICS Code<br><b>813920</b>   |                     |  |  |                    |                            |
| 6. Principal Office Address<br><b>81 DOUGLAS AVE</b>   |                     |  | City<br><b>PROVIDENCE</b>                      | State<br><b>RI</b> | Zip<br><b>02908</b>        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                     |  |  |                    |                            |
| President Name<br><b>SOFIE GARABEDIAN</b>  |                     |  | Vice-President Name<br><b>PATRICIA KRUEGER</b> |                    |                            |
| Street Address<br><b>81 DOUGLAS AVE</b>  |                     |  | Street Address<br><b>127 WEST BAY DR</b>       |                    |                            |
| City<br><b>PROVIDENCE</b>  | State<br><b>RI</b>  | Zip<br><b>02908</b>  | City<br><b>NARRAGANSETT</b>                    | State<br><b>RI</b> | Zip<br><b>02882</b>        |
| Secretary Name<br><b>DONNA PELLETIER</b>   |                     |  | Treasurer Name<br><b>PAULA MANGINO</b>         |                    |                            |
| Street Address<br><b>185 PUTNAM PIKE</b>   |                     |  | Street Address<br><b>145 MISHNOCK ROAD</b>     |                    |                            |
| City<br><b>CHEPACHET</b>   | State<br><b>RI</b>  | Zip<br><b>02814</b>  | City<br><b>WEST GREENWICH</b>                  | State<br><b>RI</b> | Zip<br><b>02817</b>        |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |  |  |                    |                            |
| Director Name<br><b>SOFIE GARABEDIAN</b>   |                     |  | Director Name<br><b>PATRICIA KRUEGER</b>       |                    |                            |
| Street Address<br><b>81 DOUGLAS AVE</b>  |                     |  | Street Address<br><b>127 WEST BAY DRIVE</b>    |                    |                            |
| City<br><b>PROVIDENCE</b>  | State<br><b>R.I</b> | Zip<br><b>02908</b>  | City<br><b>NARRAGANSETT</b>                    | State<br><b>RI</b> | Zip<br><b>02882</b>        |
| Director Name<br><b>DONNA PELLETIER</b>  |                     |  | Director Name<br><b>PAULA MANGINO</b>          |                    |                            |
| Street Address<br><b>185 PUTNAM PIKE</b>   |                     |  | Street Address<br><b>145 MISHNOCK ROAD</b>     |                    |                            |
| City<br><b>CHEPACHET</b>   | State<br><b>RI</b>  | Zip<br><b>02814</b>  | City<br><b>WEST GREENWICH</b>                  | State<br><b>RI</b> | Zip<br><b>02817</b>        |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                     |  |  |                    |                            |
| <b>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.</b>        |                     |  |  |                    |                            |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>                                 |                     |  |  |                    |                            |
| Name of Officer/Authorized Representative<br><b>Sofie Garabedian</b>   |                     |  |  |                    | Date                       |
| Signature of Officer/Authorized Representative   |                     |  |  |                    | <b>FILED</b>               |
|  |                     |  |  |                    | <b>JUN 22 2017</b>         |
|  |                     |  |  |                    | <b>BY <u>le 306646</u></b> |

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