RI SOS Filing Number: 201746087070 Date: 6/27/2017 5:44:00 PM



State of Rhode Island and Providence Plantations Office of the Secretary of State

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. 000111265
- 2. Name of Corporation New England Assembly of Nurse Anesthetists, 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 <u>click here.</u>

NAICS Code

6

Fee: \$20.00

813920

4. Corporate Address in Rhode Island

No. and Street: 77 WOLLCOTT AVENUE, SUITE 105

City or Town: <u>DARTMOUTH</u> State: RI Zip: <u>02747</u> 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

THE PROMOTION OF NURSE ANESTHESIA, THE FACILITATION OF THE CONTINUING EDUCATION OF NURSE ANESTHESIA.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAURIE DEVORE	604 WOODLAND HILLS DR. TRUMBULL, CT 06611 USA
TREASURER	JODI SULLIVAN	77 WOLLCOTT AVENUE DARTMOUTH, MA 02747 USA
SECRETARY	CAROLINE BORGES-HAAS	77 WOLLCOTT AVENUE DARTMOUTH, MA 02747 USA
VICE PRESIDENT	ROZANNA PENNEY	77 WOLLCOTT AVENUE DARTMOUTH, MA 02747 USA
DIRECTOR	FLORENCE EGAN	13 UPTON LANE BOXFORD, MA 01921 USA
DIRECTOR	ELAINE SULLIVAN	1751 VERITELL ROAD ACTON, MA 01720 USA
DIRECTOR	DAURIE DEVORE	604 WOODLAND HILLS DR. TRUMBULL, CT 06611 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

ANNE E. TIERNEY, CRNA 4 DIANA DRIVE PAWTUCKET, RI 02861

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

Signed this 27 Day of June, 2017 at 5:44:45 PM 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 **DAURIE DEVORE**

Signature of Authorized Person

Form No. 631 Revised 09/07

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