



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

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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 68206 | | 2. Exact name of the Corporation Rhode Island CISM TEAM | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To provide critical incident stress management & cumulative stress management services & training | | | |
| 4. NAICS Code 622310 | | | | | |
| 6. Principal Office Address 22 Laura Circle | | City Cranston | | State RI | Zip 02920 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name B. Anne Balboni | | | Vice-President Name Charles Aldrich | | |
| Street Address 22 Laura Circle | | | Street Address 12 Aldrich Road | | |
| City Cranston | State RI | Zip 02920 | City North Scituate | State RI | Zip 02857 |
| Secretary Name Charles Aldrich | | | Treasurer Name B. Anne Balboni | | |
| Street Address 12 Aldrich Road | | | Street Address 22 Laura Circle | | |
| City North Scituate | State RI | Zip 02857 | City Cranston | State RI | Zip 02920 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name B. Anne Balboni | | | Director Name Charles Aldrich | | |
| Street Address 22 Laura Circle | | | Street Address 12 Aldrich Road | | |
| City Cranston | State RI | Zip 02920 | City North Scituate | State RI | Zip 02857 |
| Director Name Richard Susi | | | Director Name Peter Ginaitt | | |
| Street Address 43 Transit Street, Unit 4 | | | Street Address 177 Hope Avenue | | |
| City Providence | State RI | Zip 02903 | City Warwick | State RI | Zip |
| 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 B. Anne Balboni, President | | | | | Date 6/23/2017 |
| Signature of Officer/Authorized Representative <i>B. Anne Balboni</i> | | | | | |

FILED *OL*

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

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RHODE ISLAND CISM TEAM: 2017 Annual Report: Addendum

DIRECTORS: (Continued):

Robert Seltzer
601 Putnam Pike
Greenville RI 02828
