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. 000416232

2. Name of Corporation Rhode Island Municipal Insurance Corporation

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 6

921190

4. Corporate Address in Rhode Island

No. and Street: 86 WEYBOSSET STREET
City or Town: PROVIDENCE State: RI Zip: 02903 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 CREATE A COOPERATIVE RISK MANAGEMENT PROGRAM PURSUANT TO RIGL SEC 45-5-20.1 TO JOINTLY OBTAIN, EFFECT AND OR ADMINISTER VARIOUS TYPES OF INSURANCE PROJECTS TO MAINTAIN INSURANCE COSTS AND EXPENSES FOR RI MUNICIPALITIES AND RELATED ENTITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOHN F WARD	100 OLD RIVER ROAD, P.O. BOX 100 LINCOLN, RI 02865 USA
DIRECTOR	JOSEPH CHIODO	1395 HARTFORD AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	JOHN J MCNAMEE	2240 MINERAL SPRING AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	ALEX PRIGNANO	2602 MENDON RD CUMBERLAND , RI 02864 USA
DIRECTOR	ROBERT STROM	869 PARK AVE CRANSTON, RI 02910 USA
DIRECTOR	LORI MILLER	1624 LONDSDALE AVE LINCOLN, RI 02865 USA
DIRECTOR	BRIAN SILVIA	45 BROAD ST CUMBERLAND, RI 02864 USA
DIRECTOR	JOANNA L HEUREUX	137 ROOSEVELT ROOM 203 PAWTUCKET, RI 02860 USA
DIRECTOR	MELISSA DEVINE	286 MAIN ST PAWTUCKET, RI 02860 USA
DIRECTOR	FRED AZAR	10 MEMORIAL AVE JOHNSTON, RI 02919 USA
DIRECTOR	MARK FERGUSON	169 MAIN ST WOONSOCKET, RI 02895 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

JOSEPH J. RODIO 86 WEYBOSSET STREET PROVIDENCE , RI 02903

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

Signed this 29 Day of June, 2017 at 2:35:25 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 JOSEPH J. RODIO, LEGAL COUNSEL
Signature of Authorized Person

Form No. 631
Revised 09/07