



**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.** 000038388

**2. Name of Corporation** Emergency Nurses Association, Rhode Island Council

**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   
813920

**4. Corporate Address in Rhode Island**

No. and Street: 173 JEFFERSON ROAD  
City or Town: HARRISVILLE State: RI Zip: 02830 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**

IMPLEMENTING THE OBJECTIVES AND COORDINATING PROFESSIONAL ACTIVITIES OF THE NATIONAL ASSOCIATION WITHIN THE STATE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHELLE BARGTEIL	200 MANVILLE ROAD APT 143 CUMBERLAND, RI 02864 USA
TREASURER	CHARLENE P DRALEAU	173 JEFFERSON ROAD HARRISVILLE, RI 02830 USA
SECRETARY	ROBERT READY	94 CATALPA AVE E. PROVIDENCE, RI 02915 USA
DIRECTOR	BARBARA GREENWOOD	132 FIELDSTONE LANE SAUNDERSTOWN, , RI 02874 USA
DIRECTOR	TERI LINTON	7 PORTLAND STREET EAST PROVIDENE, RI 02914-4909 USA
DIRECTOR	FRANCOISE LOUISE LAMANSKY	7 JOYCE DRIVE NORTH PROVIDENCE, RI 02911-1104 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**

BARBARA GREENWOOD 132 FIELDSTONE LANE SAUNDERSTOWN , RI 02874

**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 July, 2017 at 1:09:16 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 CHARLENE P DRALEAU  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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