



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

Annual Report for the year:
Non-Profit Corporation

2017

→ 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 26847		2. Exact name of the Corporation Association of Rhode Island State Supervisors	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island collective Bargaining Association (Union)	
4. NAICS Code 813930			
6. Principal Office Address One Capitol Hill		City Providence	State RI Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kerri Nelson		Vice-President Name Cheri O'Connor	
Street Address 2 Oak View Dr		Street Address 41 Barbara Ann Drive	
City Cranston	State RI	City North Providence	State RI
Zip 02901	Zip 02904	Zip 02904	Zip 02904
Secretary Name Michael Moan		Treasurer Name Paul Murphy	
Street Address 18 Maplecrest Dr		Street Address 61 Silo Dr	
City Greenville	State RI	City Cumberland	State RI
Zip 02828	Zip 02864	Zip 02864	Zip 02864
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 Richard Coia		Director Name Christine Girard	
Street Address 40 Agnes St.		Street Address 7 Getchell St.	
City East Providence	State RI	City N. Smithfield	State RI
Zip 02914	Zip 02896	Zip 02896	Zip 02896
Director Name Paula Goudas		Director Name Ken Drezek	
Street Address 307 Greenville Rd		Street Address 670 Cherry Farm Rd	
City N. Smithfield	State RI	City Burritville	State RI
Zip 02896	Zip 02830	Zip 02830	Zip 02830
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Paul V. Murphy			Date 10/26/17
Signature of Officer/Authorized Representative Paul V. Murphy			

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

FILED

NOV 03 2017

3

1010 DS