



**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

**Foreign Non-Profit  
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:** 2018

**1. Corporate ID No.** 000055490

**2. Name of Corporation** AMERICAN MASSAGE THERAPY ASSOCIATION

**3. State of Incorporation**

State: DE

**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

**4. Corporate Address in Rhode Island**

No. and Street: 10 WEYBOSSET STREET  
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 500 DAVIS STREET  
SUITE 900  
City or Town: EVANSTON State: IL Zip: 60201 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROFESSIONAL MEMBERSHIP ORGANIZATION OF MASSAGE THERAPISTS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DOLLY A WALLACE	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
TREASURER	BILL BROWN	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
SECRETARY	BILL BROWN	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	STEVE ALBERTSON	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	ANGELA BARKER	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	CHRISTOPHER DEERY	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	CINDY E FARRAR	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	KIMBERLY KANE-SANTOS	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	JOAN NICHOLS	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	NATHAN J NORDSTROM	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	PATTY PHILLIPS	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	SCOTT RAYMOND	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	ED SANSBURY	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	DOLLY A WALLACE	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	LADONNA WARD	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 17 Day of May, 2018 at 8:18:48 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 BILL BROWN  
Signature of Authorized Person

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