



Department of State - Business Services Division

FILED

JUN 19 2018

BY

285

Annual Report for the year: **2018**

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 000797642		2. Exact name of the Corporation STUDENT NURSES ASSOCIATION OF RHODE ISLAND			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SNARI is an independent student organization which promotes student participation in activities relative to nursing such as participating in community affairs and activities towards improving health care.			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address 27 Mettatuxet Road		City Narragansett		State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Samantha Mailles			Vice-President Name Samantha Paquette		
Street Address 29 1/2 Willow Street			Street Address 429 Atlantic Avenue		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02888
Secretary Name Sari Danh			Treasurer Name Tanya Montoya		
Street Address 53 Providence Street			Street Address 83 Wellington Avenue		
City Providence	State RI	Zip 02907	City Warwick	State RI	Zip 02886
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 Samantha Mailles			Director Name Samantha Paquette		
Street Address 29 1/2 Willow Street			Street Address 429 Atlantic Avenue		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02888
Director Name Sari Danh			Director Name Tanya Montoya		
Street Address 53 Providence Street			Street Address 83 Wellington Avenue		
City Providence	State RI	Zip 02907	City Warwick	State RI	Zip 02886
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 Elizabeth M. Bloom				Date 06/18/2018	
Signature of Officer/Authorized Representative <i>Elizabeth M Bloom</i>				SIGN DOCUMENT HERE	