



**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:** 2018

**1. Corporate ID No.** 000111265

**2. Name of Corporation** New England Assembly of Nurse Anesthetists, Inc.

**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: 77 WOLLCOTT AVENUE, SUITE 105

City or Town: DARTMOUTH

State: RI Zip: 02747 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**

THE PROMOTION OF NURSE ANESTHESIA, THE FACILITATION OF THE CONTINUING EDUCATION OF NURSE ANESTHESIA.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	NANCY ALLISON MORIBER	23 TRAILSIDE DRIVE MONROE, CT 06468 USA
TREASURER	CHERYL NIMMO	26 ABERDEEN DRIVE EAST PROVIDENCE, RI 02915 USA
SECRETARY	MARIA ROSS	33 RED HAWK DRIVE CRANSTON, RI 02921 USA
PUBLIC RELATIONS	STEPHANIE SINCLAIR	10 COMEAU ROAD NORTH READING, MA 01864 USA
FINANCE	TRUDY PIERCE	43 WISHINGWELL WAY WEST SPRINGFIELD, MA 01089 USA
EDUCATION	LISA LAURO	29 GILBERT RD SOUTHAMPTON, MA 01073 USA
VICE PRESIDENT	SUSAN HALL	3 BETTYS PATH WEST YARMOUTH, MA 02673 USA
DIRECTOR	DAURIE DEVORE	604 WOODLAND HILLS DR. TRUMBULL, CT 06611 USA
DIRECTOR	STEVEN BELMONT	17 SCENIC HILL ROAD TRUMBULL, CT 06611 USA
DIRECTOR	LISA LAURO	29 GILBERT ROAD SOUTHAMPTON, MA 01073 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**

ANNE E. TIERNEY, CRNA 4 DIANA DRIVE PAWTUCKET , RI 02861

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

**Signed this 5 Day of July, 2018 at 12:33:43 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 NANCY A MORIBER  
Signature of Authorized Person

Form No. 631  
Revised 09/07