



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

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CORPORATIONS DIV
2018 JUL 10 PM 3:45

Annual Report for the year: **2018**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$70.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 48299		2. Exact name of the Corporation The Rhode Island State Nurses' Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A member based professional organization for nurses in Rhode Island			
4. NAICS Code 813910 - Business Associati					
6. Principal Office Address 1800 D Mineral Spring Avenue, PO Box 299			City North Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Nancy Lancaster			Vice-President Name None		
Street Address 22 Lori Ellen Drive			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Anita Creamer, MS, RN, CNE-NLN			Treasurer Name Carol A. Mello, MSN, RN		
Street Address 19 Carole Court			Street Address 569 Bark Street		
City Cranston	State RI	Zip 02921	City Swansea	State MA	Zip 02777
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Janelle Amoako, RN, BSN			Director Name Mary Dwyer, MS, MEd, APRN-CNS		
Street Address 164 Summit Avenue			Street Address PO Box 1700		
City Providence	State RI	Zip 02906	City Woonsocket	State RI	Zip 02895
Director Name Wendy Looker, RN, BS			Director Name		
Street Address 164 Summit Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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 Donna Policastro, RNP, ED				Date July 09 2018	
Signature of Officer/Authorized Representative <i>Donna H. Policastro</i>					

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

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NON-PROFIT CORPORATION
ANNUAL REPORT FOR THE YEAR 2018
Additional Information Sheet

THE RHODE ISLAND STATE NURSES' ASSOCIATION

CORPORATE I.D. No: 48299

6. List ALL officers (names and addresses)

<i>Name</i>	<i>Address</i>	<i>Title</i>
Donna M. Policastro, RNP, ED	293 Whitford Avenue Providence, RI 02908	Executive Director
Annette Fonteneau, MSN, RN	33 School Street, Suite 112A Pawtucket, RI 02860	Past President