State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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	2. Exact name of the Corporation
103008	**Association of Certified Fraud Examiners, Rhode Island Chapter, Inc.**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **Promotion of fraud deterrence and fostering of skills in accounting, auditing, criminology, investigation, law, and ethics.**
4. NAICS Code: **813920 - Professional Orgar**	

6. Principal Office Address	City	State	Zip
P. O. Box 6671	**Providence**	**RI**	**02940**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Laura DaFonseca**			Vice-President Name: **Evan Lemoine**		
Street Address: **38 Gledwood Drive**			Street Address: **903 Providence Pl # 451**		
City: **Swansea**	State: **MA**	Zip: **02777**	City: **Providence**	State: **RI**	Zip: **02903**
Secretary Name: **Jean Lehman**			Treasurer Name: **Nathan Tamba**		
Street Address: **647 Putnam Pike**			Street Address: **49 Pearl Avenue**		
City: **Greenville**	State: **RI**	Zip: **02828**	City: **North Providence**	State: **RI**	Zip: **02904**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☑

Director Name: **Bryan Tedesco**			Director Name: **Lia Benevides**		
Street Address: **433 Morris Avenue**			Street Address: **37 Elmwood Drive**		
City: **Providence**	State: **RI**	Zip: **02906**	City: **Bristol**	State: **RI**	Zip: **02809**
Director Name: **Frank Monteiro**			Director Name: **Leina Borowski**		
Street Address: **Box 1898**			Street Address: **3 Valley Drive**		
City: **Providence**	State: **RI**	Zip: **02912**	City: **Johnston**	State: **RI**	Zip: **02919**

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	Date
Nathan Tamba	**July 30, 2018**

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
AUG 16 2018
BY 1590

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

FORM 631 - Revised: 05/2017

Directors (Continue)

Dick Conard Jr

31 Blaisdell Street

Cranston, RI 02910