



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

Annual Report for the year: **2018**

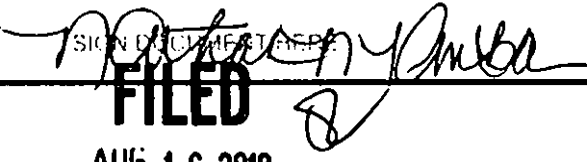
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

STAMP

1. Entity ID Number 103008		2. Exact name of the Corporation 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 P. O. Box 6671		City Providence	State RI	Zip 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.					
<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 Nathan Tamba				Date July 30, 2018	
Signature of Officer/Authorized Representative 					

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
AUG 16 2018

BY 1590

FORM 631 - Revised: 05/2017

Directors (Continue)

Dick Conard Jr

31 Blaisdell Street
Cranston, RI 02910