



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

Annual Report for the year: 2017

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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 AUG 27 PM 3: 32

1. Entity ID Number 113167		2. Exact name of the Corporation Rhode Island Chapter of the Society of Financial Exami			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote continuing education of the membership along with promoting effective regulation in financial examinations.			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address 33 Holly Hills Lane		City Saunderstown		State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Louis A. Gabriele			Vice-President Name Debra Almeida		
Street Address 33 Holly Hills Lane			Street Address 2 Timberwolf Drive		
City Saunderstown	State RI	Zip 02874	City Cumberland	State RI	Zip 02864
Secretary Name Elizabeth Ammerman			Treasurer Name Theodore J. Hurley		
Street Address 660 Mount Pleasant Road			Street Address 10 Champlin Cove Road		
City Harrisville	State RI	Zip 02830	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Louis A. Gabriele			Director Name Debra Almeida		
Street Address 33 Holly Hills Lane			Street Address 2 Timberwolf Drive		
City Harrisville	State RI	Zip 02830	City Cumberland	State RI	Zip 02864
Director Name Elizabeth Ammerman			Director Name Theodore J. Hurley		
Street Address 660 Mount Pleasant Road			Street Address 10 Champlin Cove Road		
City Harrisville	State RI	Zip 02830	City Narragansett	State RI	Zip 02882
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 Theodore J. Hurley, Treasurer				Date 8/23/18	
Signature of Officer/Authorized Representative <i>Theodore J. Hurley</i>					

FILED

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

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**Rhode Island Chapter of the Society of Financial Examiners
Entity ID#113167**

Form 631 Attachment

Line 8 - List ALL Directors (Names and Addresses)

John Tudino
12 Hampshire Rd.
Cranston, RI 02910