

Annual Report for the year: Non-Profit Corporation

706	

*RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2018 AUG 27 PH 3: 32

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

Entity ID Number	2 Evact name of	the Corporation					
113167	2. Exact name of the Corporation Rhode Island Chapter of the Society of Financial Exami						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	To promote continuing education of the membership along with promoting effective regulation in						
4. NAICS Code	financial examinations.						
813920 - Professional Organiza							
6. Principal Office Address			City	State	Zip		
33 Holly Hills Lane			Saunderstown	RI	02874		
7. List ALL officers (names and add	dresses)			Check the box to indicat	e 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 Ammerr	rman		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 a	ddresses). RI Corp	porations MUST I	ist at least THREE directors.	Check the box to indicate	te 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 Islan	nd. This information	is currently of recor	d in the Department of State. Change	es require filing Form 641			
Under penalty of perjury, I decla statements, and that all stateme				companying schedul	es and		
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Repre	sentative, Receiver or Trust	-		
Name of Officer/Authorized Representative				Date	10		
Theodore J. Hurley, Treasurer					118		
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 AUG 27 2018 KL KIHK7

FORM 631 - Revised: 11/2017

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

Form 631 Attachment

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Line 8 - List ALL Directors (Names and Addresses)

John Tudino 12 Hampshire Rd. Cranston, RJ 02910