



Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JAN - 3 AM 10:40

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 819723		2. Exact name of the Corporation Greater Rhode Island Chapter No. 88 of the Institute of REAL Estate Management			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Professional Organization for the education of Property Managers			
4. NAICS Code 531390					
6. Principal Office Address PO Box 274			City Wyoming	State RI	Zip 02898
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kari Corveno		Vice-President Name Holly Regoli			
Street Address 3 Allied Dr Ste 10		Street Address 100 Westminster St			
City Dedham	State MA	Zip 02026	City Providence	State RI	Zip 02903
Secretary Name Jason Palermo		Treasurer Name Jason Martins			
Street Address 102 Scenic Dr		Street Address 982 Branch Ave			
City W. Kingstown	State RI	Zip 02852	City 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 <input type="checkbox"/>					
Director Name Richard Hitt		Director Name Anthony Natale			
Street Address 450 Schooner Ave		Street Address 64 Observatory Ave			
City Jamestown	State RI	Zip 02835	City N Providence	State RI	Zip 02911
Director Name Robert E Cuttle		Director Name NONE			
Street Address 3 W. View Dr		Street Address			
City Richmond	State RI	Zip 02892	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Karen M. Cuttle, IAE as agent for				Date 1-2-19	
Signature of Officer/Authorized Representative Karen M. Cuttle				FILED	
				SIGN DOCUMENT HERE	
				JAN 3 2019	

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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