



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 21 PM 2:13

1. Entity ID Number 001678396		2. Exact name of the Corporation The Rhode Island Franchisee Association Incorporated			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island COMMUNICATE ISSUES OF SIGNIFICANCE AND EDUCATE FRANCHISEES WITH AN INTEREST IN SMALL BUSINESS; ENCOURAGE GROWTH, STABILITY, AND SECURITY FOR BUSINESSES, EMPLOYEES; ENGAGE IN OTHER LAWFUL ACTS UNDER RIGL 7-6.			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 40 Jordan St			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Guido Petrosinelli			Vice-President Name Robert Batista		
Street Address 40 Jordan St.			Street Address 40 Jordan St.		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Christopher J. Prazeres			Treasurer Name James Lynch		
Street Address 40 Jordan St.			Street Address 40 Jordan St.		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Robert Batista			Director Name Christopher J. Prazeres		
Street Address 40 Jordan St.			Street Address 40 Jordan St.		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name James Lynch			Director Name John Justo		
Street Address 40 Jordan St.			Street Address 40 Jordan St.		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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 Guido Petrosinelli					Date 2/21/2109
Signature of Officer/Authorized Representative					

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

FEB 21 2019

BY **BOXCHOR**

FORM 631 - Revised: 11/2017

The Rhode Island Franchisee Association Incorporated

Corporation ID #: 001678396

Supplement to 2018 Annual Report

8. List ALL Directors (names and addresses):

Title	Individual Name	Address
Director	Robert Batista	40 Jordan St., East Providence, RI 02914
Director	Christopher J. Prazeres	40 Jordan St., East Providence, RI 02914
Director	James Lynch	40 Jordan St., East Providence, RI 02914
Director	John Justo	40 Jordan St., East Providence, RI 02914
Director	Steven Gabellieri	40 Jordan St., East Providence, RI 02914
Director	Guido Petrosinelli	40 Jordan St., East Providence, RI 02914