



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

SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:
Non-Profit Corporation

2019

2019 APR 29 PM 2:17

→ Filing period June 1 - June 30

→ Filing Fee: \$20.00

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

Association

1. Entity ID Number 88111		2. Exact name of the Corporation <i>Workers Compensation of Rhode Island Employers</i>	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The association monitors changes in the Workers Compensation system, advises and holds educational conferences for its members	
4. NAICS Code 813910 - Business Assoc			
6. Principal Office Address PO BOX 7103		City Warwick	State RI
		Zip 02887	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Frank Parella		Vice-President Name Amelia Canto	
Street Address 116 Sunrise Dr.		Street Address 111 Denver Street Apt. 2	
City Bristol	State RI	City Pawtucket	State RI
Zip 02910		Zip 02860	
Secretary Name		Treasurer Name Ronald P. Joseph	
Street Address		Street Address 13 Carnival Terrace	
City	State	City Wt. Warwick	State RI
Zip		Zip 02893	
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 Frank Parella		Director Name Amelia Canto	
Street Address 116 Sunrise Dr.		Street Address 111 Denver St. Apt. 2	
City Bristol	State RI	City Pawtucket	State RI
Zip 02910		Zip 02860	
Director Name Ronald P. Joseph		Director Name	
Street Address 13 Carnival Terrace		Street Address	
City Wt. Warwick	State RI	City	State
Zip 02893		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.			
<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 RONALD P. JOSEPH			Date 4/26/19
Signature of Officer/Authorized Representative <i>Ronald P. Joseph</i>			SIGN DOCUMENT HERE FILED

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

APR 29 2019
BY *KD8NC*
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