RI SOS Filing Number: 201993660440 Date: 5/20/2019 4:04:00 PM



State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

- 1. Corporate ID No. 000055490
- 2. Name of Corporation <u>AMERICAN MASSAGE THERAPY ASSOCIATION</u>
- 3. State of Incorporation

State: DE

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

6

Fee: \$20.00

621339

4. Corporate Address in Rhode Island

No. and Street: 10 WEYBOSSET STREET

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 500 DAVIS STREET

SUITE 900

City or Town: EVANSTON State: IL Zip: 60201 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROFESSIONAL MEMBERSHIP ORGANIZATION OF MASSAGE THERAPISTS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title Individual Name Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOAN NICHOLS	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
TREASURER	LAURENCE LABODA	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
SECRETARY	WILLIAM BROWN	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	STEVE ALBERTSON	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	ANGELA BARKER	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	CHRISTOPHER DEERY	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	DOLLY A WALLACE	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	LADONNA WARD	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	KIMBERLY KANE-SANTOS	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	JOAN NICHOLS	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	PATTY PHILLIPS	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	SCOTT RAYMOND	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	ED SANSBURY	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	CHRIST BAILOR-GOODLANDER	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA
DIRECTOR	MICHAELE COLIZZA	500 DAVIS STREET,SUITE 900 EVANSTON, IL 60201 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 20 Day of May, 2019 at 4:08:11 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By WILLIAM BROWN

Signature of Authorized Person

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