



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2019

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 SECRETARY OF STATE
 CORPORATIONS DIV

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→ 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 101287		2. Exact name of the Corporation RING RETIREES ASSOCIATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO UPDATE AND INFORM NATIONAL GUARD; OTHER MILITARY RETIREES AND ASSOCIATES OF CURRENT CHANGES.	
4. NAICS Code 813410 (VETERANS ORG.)			
6. Principal Office Address COMMAND READINESS CENTER 645 NEW LONDON AVE		City CRANSTON	State RI Zip 02920
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROBERT URQUHART		Vice-President Name LUIGI D. STANZIALE	
Street Address 101 CARRIAGE HILL ROAD		Street Address 31 FORSYTH STREET	
City NORTH KINGSTOWN	State RI	City PROVIDENCE	State RI
Zip 02852		Zip 02908	
Secretary Name ROMEO J. BLOVIN		Treasurer Name PATRICK C. CURRAN	
Street Address 11 PALMER RIVER ROAD		Street Address 1571 MAIN ST, APT 14C	
City SWANSEA	State MA	City WEST WARWICK	State RI
Zip 02777		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 PAUL D. VONA		Director Name WILLIAM B. O'MARA	
Street Address 216 NEGANSETT AVE		Street Address 123 TROY ST	
City WARWICK	State RI	City RUMFORD	State RI
Zip 02888		Zip 02916	
Director Name LOIS A. SOUSA		Director Name JOHN P. GALLO SR.	
Street Address 32 POMHAM ST		Street Address 453 GROTTO AVE	
City CRANSTON	State RI	City PAWTUCKET	State RI
Zip 02910		Zip 02860	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative WILLIAM B. O'MARA, DIRECTOR/REGISTERED AGENT			Date JUNE 3, 2019
Signature of Officer/Authorized Representative W B O'MARA			

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

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