



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

Fee: \$20.00

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

**Non-Profit Corporation  
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.** 000027803

**2. Name of Corporation** Rhode Island Association of Insurance and Financial Advisors, Inc.

**3. State of Incorporation**

State: RI

**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   
813920

**4. Corporate Address in Rhode Island**

No. and Street: 2400 POST ROAD  
City or Town: WARWICK State: RI Zip: 02886 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

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

NON-PROFIT PROFESSIONAL ASSOCIATION LIFE AND HEALTH INSURANCE  
EDUCATION AND PUBLIC RELATIONS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BRIAN FALCONER	20 CABOT BLVD, SUITE 300 MANSFIELD, MA 02048 USA
VICE PRESIDENT	JOHN T HOWARD	780 VICTORY HIGHWAY WEST GREENWICH, RI 02817 USA
EXECUTIVE DIRECTOR	MARK A MALE	2400 POST ROAD WARWICK, RI 02886 USA
ASSISTANT SECRETARY	MARK A MALE	2400 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	MICHAEL J SENNO	875 CENTERVILLE ROAD BLDG 1 WARWICK, RI 02886 USA
DIRECTOR	JANICE A KAPLAN	401 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
DIRECTOR	ALEXANDER HOSEY	1300 ATWOOD AVE JOHNSTON, RI 02919 USA
DIRECTOR	EUGENE NADEAU	845 OAKLAWN AVE CRANSTON, RI 02920 USA
DIRECTOR	BRYAN D BECOTTE	401 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
DIRECTOR	VINCENZO PARENTE	401 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 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**

ALICE STANELUN 2400 POST ROAD WARWICK , RI 02886

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

**Signed this 14 Day of June, 2019 at 9:08:36 AM 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 MARK MALE  
Signature of Authorized Person

Form No. 631  
Revised 09/07