



**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. 000185113

2. Name of Corporation RHODE ISLANDERS FOR IMMIGRATION LAW ENFORCEMENT

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

6

813319

4. Corporate Address in Rhode Island

No. and Street: 1 MILBURN STREET

City or Town: JOHNSTON

State: RI

Zip: 02919

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

TO RAISE THE AWARENESS OF THE GENERAL PUBLIC AND ELECTED OFFICIALS IN THE STATE OF RHODE ISLAND REGARDING THE SERIOUS FINANCIAL, ECONOMIC AND SOCIAL IMPACTS ILLEGAL IMMIGRATION IS HAVING ON OUR STATE

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Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	LOUANN VALLETTA	56 HAZEL ST. PAWTUCKET, RI 02860 USA
SECRETARY	DONNA M. CAMPBELL	37 ALTO ST. CRANSTON, RI 02920 USA
PRESIDENT	WILLIAM T. GORMAN	112 COBBLE HILL ROAD LINCOLN, RI 02865 USA
DIRECTOR	JOHN T ARCARO	66 WALTHAM STREET PAWTUCKET, RI 02860 USA
VICE PRESIDENT	KARIN N. GORMAN	1 MILBURN STREET JOHNSTON, RI 02919 USA
DIRECTOR	JOHN SANTORO	151 CLARK STREET CRANSTON, RI 02920 USA
DIRECTOR	TERRENCE M GORMAN	1 MILBURN STREET JOHNSTON, RI 02919 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**

T. MICHAEL GORMAN, CPA 1 MILBURN STREET JOHNSTON , RI 02919

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 10:45:38 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 TERRENCE GORMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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