



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 JUN 14 PM 3:28

- 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 000026847 | | 2. Exact name of the Corporation Association of Rhode Island State Supervisors | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Union representation of State Employees in a bargaining unit. Title 7-6 | |
| 4. NAICS Code 813930 | | | |
| 6. Principal Office Address One Capitol Hill | | City Providence | State RI |
| | | Zip 02908 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Kevin Nelson | | Vice-President Name Cheri O'Connor | |
| Street Address 2 Oak View Dr | | Street Address 24 Lewis St. | |
| City Cranston | State RI | City North Providence | State RI |
| Zip 02920 | | Zip 02904 | |
| Secretary Name Richard Coia | | Treasurer Name Paul Murphy | |
| Street Address 40 Agnes St. | | Street Address 61 Silo Dr | |
| City East Providence | State RI | City Cumberland | State RI |
| Zip 02914 | | Zip 02864 | |
| 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 Matthew Lawlor | | Director Name Allison Nugent | |
| Street Address 145 Overland Ave | | Street Address 7 Birch Rd | |
| City Cranston | State RI | City Greenville | State RI |
| Zip 02910 | | Zip 02828 | |
| Director Name Christine Girard | | Director Name Kenneth Drezek | |
| Street Address 7 Getchall St | | Street Address 670 Cherry Farm Rd | |
| City N. Smithfield | State RI | City Burrillville | State RI |
| Zip 02896 | | Zip 02830 | |
| 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 Paul V. Murphy | | | Date 6/5/19 |
| Signature of Officer/Authorized Representative <i>Paul V. Murphy</i> | | | |

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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BY OK A194V