State of Rhode Island and Providence Plantations Fee: \$20. Office of the Secretary of State
Division Of Business Services
148 W. River Street Providence RI 02904-2615
(401) 222-3040
(101) 222 3010
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.
\$20.00.
ANNUAL REPORT YEAR: 2019
1. Corporate ID No. 000029724
2. Name of Corporation Rhode Island College Alumni Association
3. State of Incorporation
State: <u>RI</u>
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 <u>click here.</u>
NAICS Code
<u>611310</u>
4. Corporate Address in Rhode Island
No. and Street: 600 MT. PLEASANT AVENUE
KAUFFMAN CENTER
City or Town:PROVIDENCEState: RIZip:02908Country: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 PROMOTE EDUCATION BY ASSISTING RHODE ISLAND COLLEGE BOTH
FINANCIALLY AND OTHERWISE AND BY ENCOURAGING GRADUATES AND FORMER
STUDENTS TO DO THE SAME AND RELATED ACTIVITIES
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL SMITH	24 MOCCASIN TRAIL CRANSTON, RI 02921 USA
TREASURER	CORSINO DELGADO	30 FOURTH STREET PROVIDENCE, RI 02906 USA
SECRETARY	HILLARY COSTA	81CARMAN ST CRANSTON, RI 02910 USA
DIRECTOR	JAMES D'AMBRA	MAPLEWOOD DR LINCOLN, RI 02865 USA
DIRECTOR	JACQUELINE R FORBES	2940 ORANGE GROVE TRL NAPLES, FL 34120 USA
DIRECTOR	GEORGIA FORTUNATO	240 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920 USA
DIRECTOR	SHARON GLECKMAN	16 COLONIAL RD PROVIDENCE, RI 02906 USA
DIRECTOR	ROBIN HATHAWAY	161 BURLINGAME RD CRANSTON, RI 02921 USA
DIRECTOR	DANA MCCANTS DEIRISIER	69 PHEBE ST PROVIDENCE, RI 02904 USA
DIRECTOR	KEVIN MCHUGH	996 SMITH ST
DIRECTOR	DIANE MEDEROS	6 JESSICA DR
DIRECTOR	ROBIN K MONTVILO	BRISTOL, RI 02809 USA 50 ELMCREST AVE
DIRECTOR	MONICA PAIGE	PROVIDENCE, RI 02908 USA 140 PIDGE AVE
DIRECTOR	MARCY A REYES	240 SUMMER ST
DIRECTOR	PAMELA RYAN	CRANSTON, RI 02910 USA 19 MEMORIAL AVE
DIRECTOR	KEVIN F SAN	LINCOLN, RI 02865 USA
		353 ASYLUM RD WARWICK, RI 02886 USA
DIRECTOR	LAMMIS VARGAS	35 BETSEY WILLIAMS DR CRANSTON, RI 02905 USA
DIRECTOR	SCOTT ALLINSON	5 SURREY LN YONKERS, NY 10710 USA
DIRECTOR	COLLEEN CALLAHAN	40 OLD WEST WRENTHAM RD CUMBERLAND, RI 02864 USA
DIRECTOR	SUZANNA ALBA	11 HALSEY DRIVE SMITHFIELD, RI 02917 USA
DIRECTOR	ELIZABETH ROCHEFORT	83 JANICE RD WARWICK, RI 02886 USA

Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CLARK GREENE 600 MOUNT PLEASANT AVENUE KAUFFMAN CENTER PROVIDENCE, RI 02908

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

Signed this 28 Day of June, 2019 at 3:42:21 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 **DENISE DOMIN**

Signature of Authorized Person

Form No. 631 Revised 09/07

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