

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29653		2. Exact name of the Corporation Brain Injury Association of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To educate the general public about brain injury; to make information and resources available; to promote programs that prevent brain injury. (813319)			
5. Principal office address 1017 Waterman Avenue		City East Providence		State RI	Zip 02914
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Nicholas Cioe		Vice-President Name Colleen McCarthy			
Street Address 5731 Post Road		Street Address 41 Quincy Street			
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02908
Secretary Name Sharon Conard-Wells		Treasurer Name Robert G. DeOrsey			
Street Address 85 Majestic Avenue		Street Address 14 Sandy Way			
City Warwick	State RI	Zip 02888	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

BY

JUL 05 2019

2010705

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative



BRAIN INJURY ASSOCIATION OF RHODE ISLAND, INC.
BOARD OF DIRECTORS – 2019

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FILED

JUL 05 2019

BY

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2019 Board Roster – page 2

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