



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 AUG 21 PM 3:46

- 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 88289		2. Exact name of the Corporation Rhode Island Occupational Therapy Associates Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To advocate for the profession of Occupational Therapy			
4. NAICS Code 813920					
6. Principal Office Address PO Box 8585			City Warwick	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KW Gilbert			Vice-President Name Lisa Furlise		
Street Address 22 Main Dr			Street Address 13 Loop Dr		
City NK	State RI	Zip 02852	City NK	State RI	Zip 02852
Secretary Name Ashely Muzio			Treasurer Name Jeanne Jones		
Street Address 950 Greenwich Ave			Street Address 6 General Hawkins Dr		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02888
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 KW Gilbert			Director Name Lisa Furlise		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Ashely Muzio			Director Name Jeanne Jones		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 					Date 8/21/19
Signature of Officer/Authorized Representative Kim M Gilbert					FILED ←

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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