



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: 2018
 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 Assoc., 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 8586		City Wawuket	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Randy Fedoruk		Vice-President Name Kim Gilbert	
Street Address 23 Red Gate Lane		Street Address 99 Mark Dr	
City Franklin	State MA	City NK	State RI
Zip 02038		Zip 02852	
Secretary Name Ashley Mezioso		Treasurer Name Lozan Gabriela	
Street Address 950 Greenwich Ave		Street Address 614 Poconet Ct	
City Wawuket	State RI	City Wawuket	State RI
Zip 02886		Zip 02886	
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 Randy Fedoruk		Director Name Kim Gilbert	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name Ashley Mezioso		Director Name Lozan Gabriela	
Street Address		Street Address	
City	State	City	State
Zip		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 Kim Gilbert			Date 8/21/19
Signature of Officer/Authorized Representative <i>Kim Gilbert</i>			

FILED

AUG 21 2019

BY *CR* **3:47**
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