State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

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.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000126368

2. Name of Corporation The New England Chapter - Technologist Section

3. State of Incorporation

State: RI

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 click here.

NAICS Code 6

813920

4. Corporate Address in Rhode Island

No. and Street: 335R PRARIE AVE
SUITE 2A/SCHOOL OF MEDICAL IMAGING
City or Town: PROVIDENCE, RI State: RI Zip: 02905 Country: 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 PROVIDE CONTINUING EDUCATION OPPORTUNITIES TO ALL NUCLEAR MEDICINE PROFESSIONALS AND TO PROMOTE THE DISCUSSION AND COMMUNICATION OF KNOWLEDGE RELATED TO THE FIELD OF NUCLEAR MEDICINE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LAUREN SHANBRUN	5 BALSAM BROOK RD ACUSHNET, MA 02743 USA
TREASURER	MANN APRIL	47 HADLEY VILLAGE ROAD SOUTH HADLEY, MA 01075 USA
SECRETARY	DANIEL TEMPESTA	1 BIRCHWOOD RD HOLBROOK, MA 02343 USA
PAST PRESIDENT	ANTHONY SICIGNANO	253 NEW ENGLAND ROAD GUILFORD, MA 06437 USA
VICE PRESIDENT	MATTHEW MCMAHON	36 RIVER STREET WALTHAM, MA 02453 USA
DIRECTOR	KATHY KRISAK	20 HOSPITAL DRIVE HOLYOKE, MA 01040 USA
DIRECTOR	JOCELYN CHAREST	32 EMERSON AVENUE SWANSEA, MA 02777 USA
DIRECTOR	LEO NALIVAIKA	55 LAKE AVENUE NORTH WORCESTER, MA 01655 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LAUREN SHANBRUN - RI TAG REP 335R PRAIRIE AVENUE SUITE 2A / SCHOOL OF MEDICAL IMAGING PROVIDENCE , RI 02905

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

Signed this 26 Day of August, 2019 at 9:26:37 AM 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 APRIL MANN
Signature of Authorized Person

Form No. 631
Revised 09/07