

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

ION-PROFIT	CORPORATION ANNUAL	REPORT FOR THE YEAR	2005

(FORM MUST BE TYPED OR PRI	-	e: \$20.00				
1. Corporate ID No. 29562	2. Name of Corporation RHODE ISLAND CERTIF	IED SCHOOL NURSE-TEACH	IER\$			
3. State of Incorporation RHODE ISLAND	1. Corporate address in R. 386 GREA	hode Island · Street Address		No South	hield	2.p 02.p96
5. Foreign corporation. Enter prin	cipal office address		City	State	•	Zίρ
6 Brief Description of the character	of the affairs which are act	ually conducted in Phode Isla		<u> </u>	L	
			OPPORTUNITIES FOR RI CER	TIFIED SCHO	OL NURSE	TEACHERS
•	OF THE OFFICERS:	(*X* BOX FOR ATTACH	MENT) [] FILL IN SPACES BE	FORE USIN	G ATTACHM	IENTS
President Name Bonnie	DE FRANC	٥	Vice President Name Rendon Tw	ARDOU	15K1	<u> </u>
Sircel Address 9 KING	Rd.		361 OLD BA		Rd.	
FOSTER	State	0 2 825	N. KINGSTOWN	State R1		02852
Secretary Name DEBORA	N SULTIL		Treasurer Name THER	ESA Sm	ITH D	orey
Sirver Address 211 ANG E	- 1	·	Siren Address 386 GRET			
CityLINCOLN	State RI	Zψ 02865	H. SMITHFIELD	State RI	-	2102896
	OF THE DIRECTOR	' IS: <i>("X" BOX FOR ATTAC</i>	CHMENT) TILL IN SPACES B	Efore usin	IG ATTACH	MENTS
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) C	CORPORATION SHALL NOT E	E LESS THA	N. THREE ((3). R.I.G.L. 7-6-23
Director Name	1/- 0-		Director Name		ا م	
WENDY	<u>KRupa </u>		SANDRA	DELAC	<u> </u>	
SIRCOLADDINS 71 LAURES	- AUE.		Street Address 40 WhITMA	N DR	•	
COVENTRY	State	02816	N. KINESTOWN	State	-	028575
PLICE	BRADY		Inrector Name			
Sirect Address 140 LE	XINGTON	AYE.	Street Address			
N. PROVIDENCE	State	02904	City	State		Zip
9. REGISTERED AGENT IN	RHODE ISLAND - De		ges require filling of Form 6	1 - R.I.G.L.	7-6-13 / 7-	6-78
Agent Name THERESA SMITH DORRY			Address			
Address			City		Zip	-
386 GREAT ROAD			NORTH SMITHFIELD		02896	
This report must be	signed in ink by cith	er the President Vice F	President, Secretary, Assistant 5	Secretary Tre	asurer Rec	eiver or Trustee
1 (22112 11211		- 1481 1861	resident, coercially, rissistant	,00101017. 110	5 0 , 6101, 1100	or or reality
1 188118 [18]	30563		Under penalty of perju			
	29562		report, including any ac statements contained he			statements, and that all
File Date 6.70	70-1		-, 1) &	- 🖵 -		1 1E. XX
7.12	· · · · · · · · · · · · · · · · · · ·		Signature of Officer		5	6 · 18 · 83
Check No.)		- · · · · · · · · · · · · · · · · · · ·	nital 1	DORRU	1
By:			Print or Type Name of O	ficer		
FOR SECRETARY OF S	TATE USE ONLY		TREASURE Title of Officer			
		_	THE OF OFFICE			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222 3040

NON-PROFIT	CORP	OR	TION ANNUAL REPORT FOR THE YEAR	2004
Filing Period: June 1 -	Tune 30	•	Filing Fee: \$20.00	

(FORM MUST BE TYPED OR PRI	**	te. 321x00				
1. Corporate ID No.	2. Name of Corporation					
29562	RHODE ISLAND CERTI	FIED SCHOOL NURSE-TEAC	HER\$			
3. State of Incorporation	1	Rhode Island - Street Address		Cib.	Zip	1
RHODE ISLAND	386 GRE	HT RN		NO SMITH FIR		76
5. Foreign corporation. Enter prin	icipal office address		City	State	Ζίρ	
6 Brief Description of the character					• • •	
PROVIDE PROFESSIONAL	. RESOURCE, EDUCA		OPPORTUNITIES FOR RIC	ERTIFIED SCHOOL	NURSE TEACHERS	\$
7. NAMES AND ADDRESSE	C OF THE OFFICERS	7176 HOLD TON		DEPODE HEINC A	TTACUMENTS	
President Name	or the officers	S: [A BOX FOR ATTACH	Vice President Name	DEFORE USING A	TIACHMENTS	
Weardy Kr	u pA		Lunday Two	ed wski		
Street Address			Street Address	10 /		
71 LAUREL	 		361 OLD BE	aprist Rd.		
COVENTRY	State RT	62816	N. KINGStown	Siair	0185	2
Secretary Name	C.l		Treasurer Name	5m 1TH DO		
Street Address			Street Address	_	7	
1996LADST	ONE St.	_	386 GREAT	Rd.	<u> </u>	
CRAMSTON B. NAMES AND ADDRESSE	State	Zip	City	State	Zip	
OKALIO 24 O M	I RI	162920.	M. JM ITHFIED	IRU.	10289	6
		RS: ("X" BOX FOR ATTAC	, _	S BEFORE USING A		
THE NUMBER OF DIRECT Director Name	OKS OF A DOMESTI	IC (KHODE ISLAND) (ORPORATION SHALL NO.	<u> J. Be. J.EQQ J.JJAN J</u>	<u> НКЕЕ (3)</u> . К.І.С.	L. /-0-23
	CE BRADO	· ,	1 .//	MARTEL		
Street Address		1	Street Address	, ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	 .	
140 LEX	INGTON A	WE	128 JOE 5	WEET RO	<i>s</i>	
N. AUUI DENCE	State RL	02904	ChePACHET	State	2ip 0281	4
Director Name SANDRA	DELAC	k	MARUANNE	505CIA		•
Street Address	•	•	Street Address	1		
40 WHITM			87 BURTON	N 54.		
City L	State	Zip	City	State	Zip	
No Kenystown	PHODE ISLAND TO	1 62352	UKANSTON	KJ	10292	٥
9. REGISTERED AGENT IN Agent Name	WHODE ISCAND - D	O NOT KLIEK - Chan	Address	1 041 - K.t.G.L. 7-0	.13 / /.0./8	
THERESA SMITH DORRY			71417433			
Address			City:	7.tp		
386 GREAT ROAD			NORTH SMITHFIELD		02896	
· · · · · · · · · · · · · · · · · · ·					·- 	
i inis report must be	signed in ink by eith	her the President, Vice !	President, Secretary, Assista	nt Secretary, Treasu	rer, Receiver or Ir	ustec
	. Bibl. Bibl& Bible Bib					
			Under penalty of pe	erjury, I declare and a	iffirm that I have exa	amined this
<u> * 2 9</u>	5 6 2	<u>*</u>		y accompanying sched		
1111	. •		statements contained	d herein are true and c	оптест.	,
File Date O [SO	4	-	Jeun So	`	6.1	<u>2.04</u>
2010		Ì	Signature of Officer	7		Date
Check No		.	THERESA	Sm ITH	DORRI	1
Ву: И \			Print or Type Name of			Γ
,		•	Treasures	i.	,	
FOR SECRETARY OF	STATE USE ONLY	_	Title of Officer	_		



Matthew A. Brown, Secretary of State Corporations Division • 100 North Main Street, Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2003
Filing Period: June 1 - June 30 • Filing Fee: \$20.00	<u>, </u>

FORM MUST BE TYPED OF	R PRINTED IN BLACK)			
1. Corporate ID No.	2. Name of Corporation			ł
29562	RHODE ISLAND CERTIFIED SCHOOL NURSE-TEA	ACHERS		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Addr		City	Zip
RHODE ISLAND				
5. Foreign corporation. Enter	principal office address	City	State	Zip
l	·		1	
6. Brief Description of the cha-	racter of the affairs which are actually conducted in Rho	de Island		
PROVIDE PROFESSION	DNAL RESOURCE, EDUCATION AND NEWORKH		CERTIFIED SCH	OOL NURSE TEACHERS
	12T work	(186-		
	SES OF THE OFFICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USIN	NG ATTACHMENTS
President Name	_	Vice President Name		
ALICE BRA	DY	MARYANNE	<u>JOCKIA</u>	ل
Sireet Address		Street Address	1	- ,
140 LEX1.	NG TON AVE	87 BUR	TON S	<u> </u>
City	State Zip	City	State	Zip O =
No. PROVIDENC	JE RI 02904	CRANSTON	RI	02920
Secretary Name		Treasurer Name	_	~
GINA BUC	<u> </u>	THERESA	_5m_1-T-+	1-DORRY
Street Address	er in th	Street Address	- 21	/
	STONE ST.	386 GREHT		/
City	State Zip	Cin	State	Zip
CRANSTON	RI 02420	No. SMITHFIEL		02096
8. NAMES AND ADDRES	SES OF THE DIRECTORS ("X" BOX FOR ATTAC	CHMENT) [FILL IN THE S	PACES BEFORE	E USING ATTACHMENTS
THE NUMBER OF DIF	RECTORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHALL NO	T BE LESS TH	AN THREE (3). R.I.G.L. 7-6-23
Director Name	O I : \sim	Director Name	_	
क्तिलेम मुध्य	CI SANDRA DELACK	TERESA	र्जागाम-	DORRH
Street Address		Street Address		7
40 Whitm	AN DR.			,
City	State Zip	City	State	Zip
lah. Kun Gstna	N RI 62852	1	1	·
Director Name		Director Name		
WENDY 1	KRUPA	MARILYN	MATT	ERA
Street Address		Street Address		
71 LAURE	I AVE.	J MURIEL	57:	
City	State Zip	GRANSTON	State	Zip
BOVENTRY	KI 02816	GRANSTON	Kal	02910
	IN RHODE ISLAND - DO NOT ALTER - Chang	ges require filling of Form 64	11 - R.I.G.L. 7-6	-13 / 7-6-78
Agent Name		Address		
THERESA SMITH DORR	Y			•
Address		City		Zip
386 GREAT ROAD		NODTH CMPUEITLD		02005
<u> </u>		NORTH SMITHFIELD		02896
This report must be sign	<mark>ned in ink</mark> by either the President, Vice Pre	sident, Secretary, Assistan	t Secretary, Tr	easurer, Receiver or Trustee
[8(8 18) 8) 8 18 18 18 18 18			
	B(E B(B) B()) B B() B B() B B()			
	818 18181 81118 81118 1381 1 38 1		. 1 41 4 -6	Y that there are in a
				firm that I have examined schedules and statements,
* 2	9562*	and that all statements of		
/	. // //2	7)	·	
File Date	<u> </u>	- Hiren	15 mm	6-13-0
		Signature of Officer	<u> </u>	Date
Check No.	<u> 1410 </u>	THERESA	· Smi	TH DORRY
	3	Print or Type Name of Of		TO CAN
By	_ (le		•	
FOR SECRETARY OF STA	ATE USE ONLY	TREASULE	> 12	<u> </u>
FOR SECRETARY OF STA	TE USE ONE!	Title of Officer		Form 631 Rev. 6/

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

N	ON-PROFIT CORPORATION
Corporate ID Number <u>DNP-29562</u>	Annual Report for the year 2002
1. The name of the corporation is RH	ODE ISLAND CERTIFIED SCHOOL NURSE-TEACHERS
	· · · · · · · · · · · · · · · · · · ·
	the laws of which it is incorporated is RHODE ISLAND
 The address of the registered office \$\cap\$2696 	e of the corporation in this state is 386 GREAT ROAD NORTH SMITHFIELD, RI
· · · · · · · · · · · · · · · · · · ·	at in this state at that address is THERESA SMITH DORRY
4. The character of the affairs which it	is actually conducting in Rhode Island, briefly stated, is to prome profession
prource education	nd networking opportunities for RT CORT. SEH NURSE Trankers
	of its principal office in the state or other jurisdiction under the laws of which it is
incorporated is	
6. Corporate address in Rhode Island	386 GREAT Rd No. SMITHIFIELD RI 02896
	ors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Rhode Island) corporation shall not be less than three (3).)
NAME OFFIC	E ADDRESS
Souden Deleck Directi	or 40 Whitman Dr. N. Kingstown 02852
Olice Broder Directi	\sim \sim \sim
Theren In Direction	300 Medi 1 C 3100 De A 715
Sandia Deloch Presid	ent 40 Whitman Dr. N. Kingstown Rt 02852
Olice Brady Vice-F	resident 140 Lestington Que. N. Providence 02904
Lesa Infrate Rescito Secret	
Therea Smith DORRY Treasi	ITER OSL GREAT RU NISMITHFIELD DISGE
Dated: 6-3-62	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.
* 2 9 5 6 2 *	RHODE ISLAND CERTIFIED SCHOOL NURSE-TERCHERS Exact Name of Corporation
FOR SECRETARY OF STATE USE ONLY	By Thereon Somes Dom
File Date 0 - 14 - 02	Title Theamer
Check No.:	(Report must be signed by an officer)
Z.	Form No. 631

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

	NON-I	PROFIT CORPORATION
Corporate ID Number	DNP-29562	Annual Report for the year 2001
1. The name of the o	corporation is RHODE I	ISLAND CERTIFIED SCHOOL NURSE-TEACHERS
2. The state or other	jurisdiction under the la	ws of which it is incorporated is RHODE ISLAND
 The address of the O2896 	ne registered office of the	e corporation in this state is 386 GREAT ROAD NORTH SMITHFIELD, RI
and the name of i	its registered agent in th	is state at that address is THERESA SMITH DORRY
,		usation + net working operations for Rt certained School runs
11 L	ration, the address of its	principal office in the state or other jurisdiction under the laws of which it is
	s in Rhode Island 38	6 CAREAT Rd N. Smithful RT 02896
		d officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).) ADDRESS
a de la constante de la consta	OTTICE	
Sandra Dela	Director	40 Whether Dr. N. Kingstown RI 02862
alice Brod	Director	140 Lexençon Que de Providence RI 02904
alberto Trocc	<u>necumu</u> Director	35 Colony De. Janoton RI 02919
Sender Dela	President	
alice Brokes	Vice-Preside	ent
alberto Proces	Secretary	
TP 450	Treasurer	386 GREAT Rd N. Smothfield Bt 02896
Dated: 6-11-	0 (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.
* 2 9 5	6 2 +	RI CERTIFIED SCHOOL NURSE TEACHER SNC. Exact Name of Corporation
FOR SECRETARY OF S	G-11-01	By Three San 2
Check No.:	1716	(Report must be signed by an officer)
D	7-	Form No. 631 Revised 5/98

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

14014-1	HOLLI COM CHANGE
Corporate ID Number <u>DNP-29562</u>	Annual Report for the year 2000
1. The name of the corporation is RHODE IS	SLAND CERTIFIED SCHOOL NURSE-TEACHERS
	ws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the 02896	corporation in this state is 386 GREAT ROAD NORTH SMITHFIELD, RI
and the name of its registered agent in thi	s state at that address is THERESA SMITH DORRY
•	ually conducting in Rhode Island, briefly stated, isprovide
Drolleand resource education	on and networking apportunities for RT certified School new
5 If a foreign corporation, the address of its incorporated is	principal office in the state or other jurisdiction under the laws of which it is
6. Corporate address in Rhode Island 50	
o. Corporate address in tribute lateria	XXX 43 (S12.12)
7. Names and addresses of its directors and number of directors of a domestic (Rhode	I officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)
NAME OFFICE	ADDRESS
Son dra Dalank Director	to Whitman Dr. N. Kingstown RE 02850
Alix Brades Director	140 Setington Ou. A. From PI 02904
Wendy Krussa Biroctor	71 Saurel Que Coventry RI 02816
Sandra Delack President	40 Whetman Dr. N. Kungstown RI 02852
Olice Bules Vice-Preside	int 140 Lexengton are. N. Rivordina RI 02904
Alberta Protectic Secretary	35 Colony Dr. Johnston RI 02919
Thereon Smith DORRY Treasurer	386 GREAT RU N. SMITHFIELD RI 02896
	V
Dated: 6-16-00	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.
68 8 810 810 811 811 8 811 8 861	,
	RHODE ISLAND CERTIFIED SCHOOL NURSE TEACHER 4550 Exact Name of Corporation
* 2 9 5 6 2 *	P P P P P P P P P P P P P P P P P P P
FOR SECRETARY OF STATE USE ONLY	By
File Date:	Title Measurer -
Check No.:	(Report must be signed by an officer)
Rv: _ Zc	Form No. 631 Revised 5/98



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PF	ROFIT CORPORATION
Corporate ID Number NO 29562	Annual Report for the year 1999
1. The name of the corporation is $R.I$	CERTIFIED SCHOOL NURSE TEACHERS INC.
 The state or other jurisdiction under the laws The address of the registered office of the control o	of which it is incorporated is
	N. SMITHFIELD RI 02896
	ly conducting in Rhode Island, briefly stated, is to main tain the
light quality of professional stone	birds by C.S.N.T. in Sch. health programs in RI.
	incipal office in the state or other jurisdiction under the laws of which it is
	GREAT Rd N. SINITHFIELD RT 02696
number of directors of a domestic (Rhode Is	ficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)
NAME OFFICE	ADDRESS
SANDEA DELACK Director	SEE BELOW
MARYUNNO SOSCIA Director / WENDY KRUPA President	71 Same Over Country RT 02816
SANDRA DELACK Vice-President	40 Whetman Dr. N. Kinggtown RI 02852
MARYANNE SOSCIA Secretary	87 Bueton St. CRANSTON RT 02920
THERESA SAITH DORRY Treasurer	386 GREAT Rd N. SMITHFIOLD RT 02896
Dated: 6 22 99	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.
	KHODE ISLAND CERTIFIED SCHOOL NURSE TEACHERS ASSE
FOR SECRETARY OF STATE USE ONLY File Date: 7-12-99	By THREES & SMITH Dorry
Check No.: 1557	Title TREASURER (Report must be signed by an officer)
	180000 MDSLDE SIQUEO OV 20 ONICEO



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

		NOIN-FI	NOTI CORPORATION
Со	rporate ID Number <u>ND-295</u>	62	Annual Report for the year_1998
1.	The name of the corporation	on is RHODE IS	LAND CERTIFIED SCHOOL NURSE-TEACHERS
2.	•		s of which it is incorporated is RHODE ISLAND
3.	The address of the registe 02864	ered office of the o	corporation in this state is 267 RONALD AVENUE CUMBERLAND, RI
	and the name of its registe	ered agent in this	state at that address is PRU ROBERT
4.	The character of the affairs	s which it is actua	ally conducting in Rhode Island, briefly stated, is to maintain the
5	highest au a lity of school such it a foreign corporation, the	f brofessi h flogra address ones p	onal standards by School There Teachers ms in Chool Stands rincipal office in the state or other jurisdiction under the laws of which it is
	incorporated is	NA	
6.	Corporate address in Rhoo		· · · · · · · · · · · · · · · · · · ·
		Cun	nberland_RI 02864
7.			officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
	Wendy Kruba	Director	7/ Lauxel AV. Coventry RI 02816
_	Sandra Delack	Director	40 Whitman Dr. North Kingstown RI 0285
La	mit Wax bindow	 Director	327 Broadway newsport RT 0284
<i>–</i>	Wendy Krupa	President	71 Lauxe AV. Coventry, RI 02816
	Denise Kelly	Vice-President	63 Br. Ferman AV, New Dort, RI 02840
_	0 1 001	Secretary	
	Brudence A' Cobe	₹7Treasurer	267 Ronald AVI Cumber and RI 02864
Da	ted: <u>6/10/98</u> -		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.
	* 2 9 5 6 2 *		RI Certified School Durse Teachers, Inc. Exact Name of Corporation
_	FOR SECRETARY OF STATE USE Date: // / / / / / / / / / / / / / / / / /	ONLY	By Smelere Q. Boher
Che	ck No.: 1485		Title <u>vasuur</u>
Ву:	Gora		(Report must be signed by an officer) Form No. NP-13
			Revised 5/98

Filling Fee: \$20.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number	0029562	•	Annual Report for the ye	ear
FIRST: The nam	ne of the corporation is .	HODE ISLAND	CERTIFIED SCHOOL	NURSE-TEACHERS
SECOND: It is in	ncorporated under the la	ws of R	<u> </u>	
THIRD: The cha	racter of the affairs which	th it is actually cond	lucting in Rhode Island, brief	ly stated, is Jo main
tain the highes Teachers in the FOURTH: If a fo	Hauahta of bu	ofessional Eth sorogra ddress of its princip	standards by some all office in the state or count	tu School Thurse of
which it is incorporated is	NA		***************************************	
EIETH: Comora	te address in Rhode Isla	nd 267 (8	Zonald Avi	
		i i	verland, RI	
			(In compliance with 7-6-23 of not be less than three (3).)	f the R.I.G.L. 1956,
THIS REPOR	T WILL NOT BE ACC	EPTED UNLESS	THREE (3) DIRECTORS	ARE LISTED.
NAME / 1	OFFICE	,	ADDRESS	∠ .
NAME Herdy 6. Kr	,	71 Lauren	ADDRESS Lave Coverte	y R.1, 02816
Merdy 6. Kr	Upa Director	· •	ave Coverte	Y
Merdy 6. Kr Demoe m Ke	Director Director	63 Bat	eman Ave N	engut Rt 0284
Mexdy 6. Kr Demae m Ke Brudence Rob	Director Director	63 Bat 267 Ro	eman Ave N nald AV. Cum	super Rt 0284 huland RI02864
Merdy 6. Kr Demoe M Ke Prudence Rob Wendy Kr	Director Director Director President	63 Bat 267 Rv 71 Zan	emon Ave D nold AV. Cumi rel av. Cover	engat Rt 0284 Ruland RT 02864 Utry 02816
Merdy 6. Kr Demoe M Ke Prudence Rob Wendy Kr	Director Director Director President	63 Bat 267 Rv 71 Zan	eman Ave N nald AV. Cum	engat Rt 0284 Ruland RT02864 Utry 02816
Merdy 6. Kr Demoe Im Ke Sudence Rob Wendy Kr Denisi Kelly	Director Director Director President Vice-President Secretary	63 Bat 267 Rv 71 Zav 63 Bate	eman Ave 1) nald AV. Cumi vel av. Cover man av. Henz	Euget Rt 0284 huland RT02564 try 02816 bort 02840
Mexdy 6. Kr Demoe M Ke Sudence Rob Wendy Kr Denisi Kelly Denisi Kelly	Director Director Director President Vice-President Secretary Lex Treasurer	63 Bat 267 Rv 71 Zav 63 Bate 267 R	emon Ave 1) nold AV. Cums wel av. Cover man av. Heng onald AV. Cum	Euget Rt 0284 Suland RT02564 Sort 02840 Suland 02849
Herdy 6. Kr Demoe Im Ke Sunder ce Rob Wendy Kr Denisi Kelly Rundince Rob (If additional space is need	Director Director Director What President Vice-President Secretary Treasurer Med, attach rider)	63 Bat 267 Rv 71 Zav 63 Bate 267 R	emon Ave 1) nold AV. Cums wel av. Cover man av. Heng onald AV. Cum	Euget Rt 0284 Suland RT02564 Sort 02840 Suland 02849
Herdy 6. Kr Demoe Im Ke Sunder ce Rob Wendy Kr Denisi Kelly Rundince Rob (If additional space is need	Director Director Director President Vice-President Secretary Treasurer Treasurer Treasurer The stack rider	63 Bat 267 Rv 71 Zav 63 Bat 267 R (Name of Corporation)	emon Ave () nold AV. Cumb wel av. Cover man av. Henz onald AV. Cum Certified School	Europet Rt 0284 Surland RI-02864 Sort 02840 Vurse-Teachers
Demoe Im Ke Demoe Im Ke Denise Kelly Denise Kelly Dated: June Dated: June	Director Director Director President Vice-President Secretary Treasurer Treasurer Treasurer Director	63 Bat 267 Rv 71 Zav 63 Bate 267 R (Name of Corporation) By Gru	emon Ave () nold AV. Cums wel av. Cover man av. Henz onald AV. Cum Cextified School dence & Q	Europet Rt 0284 Surland RI-02864 Sort 02840 Vurse-Teachers
Herdy 6. Kr Demoe Im Ke Sunder ce Rob Wendy Kr Denisi Kelly Rundince Rob (If additional space is need	Director Director Director President Vice-President Secretary Treasurer aded, attach rider)	C3 Bat 267 Rv 71 Zav 63 Bate 267 R (Name of Corporation) By Gru Title	emon Ave () nold AV. Cumb wel av. Cover man av. Henz onald AV. Cum Certified School	Surface Teachers

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

Filing Fee: \$20.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number 0029562	Annual Report for the year 1996
FIRST: The name of the corporation	is RHODE ISLAND CERTIFIED SCHOOL NURSE-TEACHERS
SECOND: It is incorporated under the	ie laws of RI
	which it is actually conducting in Rhode Island, briefly stated, is
maintain the highest quality	ty of professional standards by the ward program. The address of its principal office in the state or country under the laws of
hich it is incorporated is	4
EIETH: Comprate address in Bhode	Island 367 Ronald ave.
FIFTH. Corporate address in Kiloge	
······································	Cumberland, RI 02864
	directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956,
eenactment of 1994, the number of Directo	rs of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE A	CCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
anet Wathinson Director	372 Broadway, Newport 02840
Director	0
Director	
President	
Vice-Preside	
Youndy Krupa Secretary	71 Lawel ave, Covertry 02816
Robert Treasurer f additional space is needed, attach rider)	267 Ronald ave, Culmberland 02864
Dated: 20.1996	R. J. Cortified School Nurse Teachers, D. (Name of Corporation)
	By Sinduce I tolus
	Title
1401584	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

Corporation Division 100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number. 0029562	Annual Report for the year 1995
FIRST: The name of the corporation i	s RHODE ISLAND CERTIFIED SCHOOL NURSL-TEACHERS
SECOND: It is incorporated under the	laws of RT
THIRD: The character of the affairs w	hich it is actually conducting in Rhode Island, briefly stated, is
in the school health programmer fourth: If a foreign corporation, the	ealth of professional standards by the Russeltes and address of its principal office in the state or country under the laws of
which it is incorporated is	
Λ .	t ave Provideres 02908
SIXTH: Names and addresses of its d Reenactment of 1994, the number of Directors	irectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
Carlyn Johle Director	Robox136 Exetes RI 02822
Janet Watherson Director	372 Broadway Leuper RI 02840
Paule Johnson Director	31 Elphurst que Provider 02908
Carlyn Jehle President	Po Box 136 Exeter, R1 02822
Lorraine Pault vice-Presiden	1 224 ANGELL RD. LINCOLN, RIGORGS
Janet Withinson secretary	372 BROADWAY NEWPORT, RI 02840
Paula K John Son Treasurer (If additional space is needed, attach rider)	31 Elnhurst due Prov.
Dated: 7 1955	R.T. Certified School Nurse Teacles An
PAID 1529	By Sala K Johnson
1111 1 8 1995	Title Treasurer
SECY OF STATE	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

Filing Fee: \$20.00

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 0029562	An	nual Report for	the year	1994
	E ISLAND	CERTIFIED	SCHOOL	NURSE-TEACHERS
SECOND: It is incorporated under the laws of	RIT			
THIRD: The character of the affairs which it is		nducting in Rho		briefly stated, is
FOURTH: If a foreign corporation, the address which it is incorporated is to maintain the house / Tenchen in the School Healt	highest.	2uzlity of,	PROJESS	
SIXTH: Names and addresses of its directors a	nd officers:			
(Addresses must in	iclude street a	nd number, if any)	1	
Lovar Mant Director	21 Jen		Bane	2 & 22 iztm RT 02806 V. 02908
CARlyn-Jehle President Po	5 Вох 136	Exeter	RI	02822
				I 02865
				n RI 02806
(If additional space is needed, attach rider)				. RI 02908
Dated: 7-19 199 FILED Originally signed SEP 12 TO 6/28/94 By HMT	ame of Corporation A San Alexandre	Ca Marines	chool 1	Nuesa Texches Inc
1274Kp	6		(Report	must be signed by an officer)

10487B

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 902956	£2	Annual R	eport for t	he year	1993	
First: The name of the co	rporation is	RHODE	ISLAND	CERTIFIED	SCHOOL	NURSE-TE:
SECOND: It is incorporated	under the laws o	or R.I				
THIRD: The character of th		•	_			
To maintain the high	est Qualit	ly of profess	sional.	Standards A	by the 1	ture Tracke
FOURTH: If a foreign corpo	oration, the addre	ess of its principal off	fice in the	state or country	y under the	laws of
which it is incorporated is	•••••		••••••		·····	******
FIFTH: Corporate address i	n Rhode Island				••••••	
SIXTH: Names and address	es of its directors	and officers:	••••••	P	AID	
	(Addresses must	include street and numb	er, if any)	JUN	0 1 1993	
NAME	OFFICE Director		ADD	RESS SECY	OF STATI	.
	Director					
MARY & Ilen Krochman	President	21 Chu Kaing 1	OR. CW	mber Dend	K • I 0 o	1864
PAULO Johnson	Vice President	31 Elmburst				
0 1 2 1	Treasurer .	29 Pensaukee		* *		
Dated: May 28	19 25	RI. Centifico (Name of Corporation) By Calleon Title Treesur	School	Nuese Tenc	hees I	- A.C
	В	By Celleen	lilla	chec	· · · · · · · · · · · · · · · · · · ·	
	1	itle <i>Ressur</i>	ae.			************

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID NumberQ	029562	Annual Re	port for the	e year	1992	
FIRST: The name of	the corporation is	. RHODE	ISLAND (CERTIFIED	SCHOOL	NURSE-T
SECOND: It is incorporate in the second in t	orated under the laws	of R. I.	······································		·····	
School health FOURTH: If a foreight which it is incorporated is	t quality of percent corporation, the addition	ress of its principal offic	eds by T	he NS freiche ate or country	under the	laws of
FIFTH: Corporate add Changed to 3 SIXTH: Names and ad	29 Pensaukee A		RI O	5866	#2D \$40人O 6111N	as
NAME	OFFICE	include street and numbe	r, if any) ADDRE		GIVd	À
Mary Ellen Krochm Diame Rekos Paula Johnson	Secretary Treasurer attach rider)	79 Talbot SI 31 Elmhurst 29 Pensauke P.I. Cretifieds (Name of Corporation) By Collect Title Trees	e Ave School	Muese Tex	chens,	02911 IM

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

AT

orporate ID Number		Annual Report for the year1991
FIRST: The name of	the corporation is	RHODE ISLAND CERTIFIED SCHOOL NURSE-
SECOND: It is incorp	porated under the laws of	Rhode Fsland
Ţнікр: The characte	er of the affairs which it	is actually conducting in Rhode Island, briefly stated, is
untain the highest eschool head	t quality of pest	fessional standards by the wurse Teacher in
		ss of its principal office in the state or country under the laws of
hich it is incorporated is		
FIETU: Corporate ad	Idress in Phode Island	42 SNAKE HILL RD
	·	
CINTIII Mamoo and a	addresses of its directors a	and officers:
SIXTH: Names and a	addresses of its directors of	
SIXTH. INTINES and a		
NAME		
	(Addresses must i	
NAME	(Addresses must in office Director	
NAME	(Addresses must in office Director Director Director Director	nclude street and number, if any) ADDRESS //// / S / S / S / S / S / S / S / S
NAME	(Addresses must in office Director Director Director President	nclude street and number, if any) ADBRESS'//N SON
NAME	(Addresses must in office Director Director Director President	nclude street and number, if any) ADBRESS'//N SON
NAME ARY Ellen Krochma	(Addresses must in OFFICE Director Director Director President Vice President	nclude street and number, if any) ADBRESS'//N SON
NAME	(Addresses must in OFFICE Director Director President Vice President Secretary Treasurer	nclude street and number, if any) ADDRESS' //// A // S
NAME ARY Ellen Krochma Dary Auger De Marie Kachanis	(Addresses must in OFFICE Director Director President Vice President Secretary Treasurer attach rider)	ADBRESS' // Solo Solo Sept. Obe elected in Sept. OLIC HUKGing De. Cumberland, P.T. 02864 SO AG AWAM Pack RD. Rumford, P.T. 02864 SO AG AWAM Pack RD. Rumford, P.T. 02867 SO SNAKE HILL RD. N. SCITUMTE, P.J. 02857 R.T. Cretified School Nurse Teachers, Inc. Name of Corporation)
NAME ARY Ellen Krochma DARY Auger De Marie Kachanis additional space is needed,	(Addresses must in OFFICE Director Director President Vice President Secretary Treasurer attach rider) By	nclude street and number, if any) ADBRESS' // POR'S BOY OR BOY OR BOY OR BOY OR BOY OR BURN DR. Cumberland, P.T. 02864 SO AG AWAM PARK RD. Rumford, P.T. 02864 OR SNAKE HILL RD. N. SCITUMTE, P.J. 02857 R.T. Cretified School Nurse Teachers Inc

TEA

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 002958	2	Annual	Report for	the year	1990	
FIRST: The name of the co	orporation is	RHOOE	ISLAND	CERTIFIED	SCHOOL	NURSE-
SECOND: It is incorporated	d under the laws	of Rhode	Tsland		•••••••••••••••••••••••••••••••••••••••	•••••••
THIRD: The character of t						
FOURTH: If a foreign corp		ress of its principal c			ry under th	e laws of
FIFTH: Corporate address	in Rhode Island				······································	
SIXTH: Names and addres	ses of its director	s and officers:				••••••
	(Addresses mus	t include street and nur	nber, if any)			
NAME	OFFICE		AD	DRESS		
	Director	•••••••••••••••••••••••••••••••••••••••	***************************************	***************************************	•••••••	• • • • • • • • • • • • • • • • • • • •
	Director		•,		••••••	•
P. 1 1						••••••
Barbara Longo	President	1194 Boston Neck	CKI NA	ma ganeet	F, KH, O	2882
Mary Ellen Krochmel Mary Auger	Vice President	2/Chultains L)r, Cun	cherland,	RT 03	864
1 m Huger	Secretary 5	organian Ica	$\frac{1}{2}$	Tord, K.I.	02914	
AnnMarie Kachanis (If additional space is needed, attach		2Snake Hill K	d No. 3	cituate,	$CL \cap \Delta$	7857
Dated: 4/1	1990 PA!	Rhade Island (Name of Corporation)				, Dr
	JUN 1 Y	819902nne-	Marie	Kachani	ھ	************
	SEC'Y. OF	Title of Treasu	ver	(Report must t	e signed by	ал officer)

NON-PROFIT CORPORATION

Corporate ID Number	029562	Annual Report for the year 1989
FIRST: The name of	the corporation is	Rhole Island lertified School Nurse Teacher
SECOND: It is incorp	orated under the lav	vs of Rhode Island
	_	h it is actually conducting in Rhode Island, briefly stated, is to standards by the number tender in the school health program
FOURTH: If a foreign which it is incorporated is	•	ldress of its principal office in the state or country under the laws of
FIFTH: Corporate ad	dress in Rhode Islar	nd
SIXTH: Names and a	ddresses of its direct	ors and officers:
	(Addresses m	ust include street, number if any, and zip code)
NAME	OFFICE	ADDRESS
	Director	
	Director	
T11 B	Director	M. St. 1. 27
Ella Barry	President	577 Main St Warren, RI 62885
Barbara Longo Julia Janes		1194Boston Neck Ld. Narragonsett LT, 03882
Diane OBrien	Secretary	451Meadow brook Dr. Barrington RI as806
(If additional space is needed, a	Treasurer	255 Prospectful Wakefield, R. I. 02879
Dated: 5/30		Red Sland Cartified Shool Nusse Feathers fre. (Name of Corporation)
	PAID	By Ella Barry
	JUN 1 9 1990	Title Resident
	0000	(Report must be signed by an officer)

NON-PROFIT CORPORATION

Corporate ID Number 29562	Annual Report for the year)
First: The name of the corpor	
Stackery,	eno.
SECOND: It is incorporated und	der the laws of State of K. Stron Ilintuluna
THURD: The character of the al	fairs which it is actually conducting in Rhode Island, briefly stated, is the
through study, stin	als foun fuffer of the leaving prografit
	ion, the address of its principal office in the state or country under the laws of
which it is incorporated is	In Itle state of Charle
FIFTH: Corporate address in R Lesident : Mary In	
	12904
	f its directors and officers:
. (A	ddresses must include street, number if any, and zip code) $U_N \stackrel{\sim}{\sim} 0$ FFICE ADDRESS EC. V. 0. 1988
NAME 0	ector Address EC'Y OF STATE
	ector STATE
$n \cap A$	ector A Maria Maria
All Dana	e President 377 Main St. Haven R. J. 02885
Langue Lilling	retary 156 Briailrock Dr. No. Kingtown Rd028
YI YER,	asurer 255 tropert Rd. Wakefull Kd-WT
Dated: June 19	Il tode atfect School Muse Feachers Inc
	(Name of Corporation)
	By Clan & againer
88. MY ez SI TS HUL	Title Autgoing Tressurer.

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 29562	·····	Anr	nual Report for the year	· 1987
FIRST: The name of the co	rporation is	RHODE ISLAND	CERTIFIED SCHOOL	NURSE
SECOND: It is incorporated	under the la	ws of	Rhode Island	
THIRD: The character of the				d, briefly stated, is
FOURTH: If a foreign corpo	oration, the a	address of its princip	pal office in the state or	country under the laws of
which it is incorporated is	NA.			
			2	0 1
FIFTH: Corporate address i	in Rhode Isla	and 50	Agawam PKK	<i>d</i>
Rumford	, KI	02916		Ed
SIXTH: Names and address				
	(Addresses r	must include street, nu	mber if any, and zip code)	
NAME	None Director		ADDRESS	
	Director	1		190
	Director			
Mary L. Auger	President	50 Agawa	am PK Rd.	Rumford RT.0211
Diane O'Brien	Vice Preside	n 255 Phon	out Rd. Water	Rumford, RIO311 field, RI 02879 Lingston, RI 02852 rovidence 02908
Nancy Robison	Connetons	156 Brian	hood Dr. No	Kingston RT 02853
Agra Dange	Secretary	770 2016	all Strait	21. 45.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Anne Doonan (If additional space is needed, attach i	Treasurer rider)			
Dated: June 12 Provide	<i>C</i> .	(Name of Corporation	School Dure	ee Isa chers (De) In .
		By Merry	Lauger, Tr	eudint
JUN 15 1	987	Title	<i>(</i> /	
SECIV OF C	T A T-			

Filing Fee: \$10.00

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 29562		Annual Report for the year	1986
FIRST: The name of the co-TEACHERS, when	orporation is	RHODE ISLAND CERTIFIED SCHOOL NURS	
SECOND: It is incorporate	d under the law	s of Rhode Island	
THIRD: The character of	the affairs which	it is actually conducting in Rhode Island, br	iefly stated, is
Case for health of	school as	hildren according to the	tules x Regulations
		dress of its principal office in the state or cou	
which it is incorporated is			
FiFTH: Corporate address	in Rhode Islan	o Presidents address vood Dr. Johnston	Rd 02919
SIXTH: Names and addre	sses of its directo	ors and officers:	
NAME	OFFICE	ast include street, number if any, and zip code) ADDRESS	
	Director		
	Director	••••	
	Director		
Floine Perrotta	President	24 Linwood Dr. Johnst	
Diane O'Brien	Vice President	Colonial Road Pole 7	Wakefield 02
Judith Jessop	Secretary	Colonial Road Pole 7	RR 2 Box 20
Ella Barry		577 Main Street Wa	rren 02 88 5
(If additional space is needed, attacl Dated: 6 – 2 4–	i rider)	A. J. artified School)	Jacks &
PAID	. 19 <i>A.K.</i>	(Name of Corporation)	ne ceachers
		By Clea M. Sarry	
JUL 14 1986 SECTY OF STA		Till Mesurer	
SEC'Y OF STA	LE A'A'F N'N	(Report mu	st be signed by an officer)

NON-PROFIT CORPORATION

29562 Corporate ID Number	1985 Annual Report for the year
	RHODE ISLAND CERTIFIED SCHOOL NURSE
FIRST: The name of the corporation -TEACHERS	is
SECOND: It is incorporated under the	claws of Rhode Island
THIRD: The address of its registered of	office in Rhode Island is 24 Linwood Dr.
registered agent at such address in Rhode Is	o 2816 and the name of its sland is tres. Elaine Perratta
registered agent at such address in Knode is	stand is
•	e address of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: The character of the affairs w	which it is actually conducting in Rhode Island, briefly stated, is
annual mtg.	
SIXTH: Names and addresses of its di	
(Addresse	es must include street and number, if any)
NAME OFFICE	ADDRESS
Director	
Director	
Elaine Perrotta President	24 Linwood Dr. Johnston RL 028
Darbana Present Vice Presi	dente 19 Reason Dr. Wahrick Pd 02880 Edonial Rd. Pole 7 RR2 Box 30 Scituate RIC
Ella M. Darry Treasurer	\$577 main st Warren Rd 02885
(If additional space is needed, lattach rider) Dated: 49 85	ER. L. Certified School Kurse Teachers, &
V	BE & Elea Darry
	(Report must be signed by an officer)

29562

State of Rhode Island and Providence Plantations

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Shede Island Catified Island hurse-Feachers, Inc. a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

(1.)	Name of Corporation & Certified So	chal surse-Teachers, Le
(2.)	Location of Principal Office in Rhode Island	Tresident & Hame (No. Street, City or Town)

(3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:---

OFFICE.	NAME.		ADDRESS.		erm expires.
resident	Patricia	Beauchain	e Consistry 19 Fearson Warring	ex Rd. 02818	Thuy 85
V. Pres	Barbara	Longo	Variore	DZ 880	May 86
Pres Elect	Usine	Keriala	Johnaton R.	1 02919	May 85
Sedy,	Colleen	Walker	29 knazuke	e Av- Mo Sion	may B-
anist Sect y	mary,	Brown	Prev.	02906	hely 15
Treasurer	Ella m.	Sarry &	main Wa	vin Rel	May 86
					1

(4.) Date Appointed for Next Armual Meeting of the Corporation

85 I hereby certify the foregoing to be correct:

(Name)

10 CHERT

11 CHERT

12 CHERT

13 CHERT

14 CHERT

15 CHERT

16 CHERT

17 CHERT

18 CHERT

18 CHERT

19 CHERT

19 CHERT

19 CHERT

10 C

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Rhoda Island Certified School Russe - Jeachus, a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation Rhode Island Certified School Nurse-Teachers
- (2.) Location of Principal Office in Rhode Island Cranston, R.I.,
 (No. Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

President Patricia Beauchaine Rt. 117, RR7, Box 4398, Coventry, RI 02816
Pres. Elect Elame Perrotta 24 Linwood Dr., Johnston, RI 02919 6/1985
Vice Pres. Barbara Longo 19 Pearson Dr., Warwick, RI. 02888 6/1986
Rec. Sec. Colleen Walker 29 Pensaukee Ave., N. Prov., R.I. 02911 6/1985
Corresp Sec. Mary Brown 25 Lauriston St., Providence, RI 02906 6/1986
Treasurer Ella Barry 577 Main St., Warren, RI. 02885 6/1985
NASN Director Claire Woodworth, Pound Hill Rd., N. Smith field, R.I.
02895 6/1985

(4.) Date Appointed for Next Annual Meeting of the Corporation

I hereby certify the foregoing to be correct:—

Latrices (Designation of Officer Certifying)

SEP 1 8 1984

lml

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of June, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Rhode Island Certified School Nurse Teachers, to
a corporation created under the laws of the State of Rhode Island does hereby make the
following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

(1.)	Name of Corporation Shode blood Centi	fied School Yurse Teacher to
(2.)	Location of Principal Office in Rhode Island 230	Weigh Service die N. Proi (No (Street, City or Town) Treasures address

(3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADD			
(2) 4 =4		a		presonth Drein	
President	lengela a	Burker		R.C. 0285	
Quident Elect			n) Chyn	a Rel Box	
Vice Present			Ruma	Jan Cd. 029	16 6-84
Treasurer			579 War	in Not.	55 6-84
Secretary.	Pats 8	Beauchtus	RR #3	Roll 025	816 6-83
Corresponding of	ecretary Marg	unt Manc		State St Tal Rul 1028	1 65
Director to Hat les	soc Theloof Man	vo	4.''. a	_1 11	6-82
Discitor to dat les Sonesident Theasurer	- Lower D	Sumonoman	0 Crto	28 02908.	6-10-82
Theasurer.	- mary ann	tuch : 2	30 High	Lervice live	6-10-82
•	J	82	_	•	

(4.) Date Appointed for Next Annual Meeting of the Corporation 5-20 1952.

I hereby certify the foregoing to be correct:—

Mary ann Kish Freasurer

(Name) of (Designation of Officer Certifying)

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the

of the GENERAL L	AWS OF RHODE ISLAN	with the provisions of § ' TO 1956 (NON-BUSINESS For failure to file, \$50, an	CORPORATIONS). (FEE
The R	hode Island (en	titled School Nurse	- Teachers, Inc.
a corporation creat	ted under the laws of	the State of Rhode Islan of Chapter 7-6 of the G	d does hereby make the
(1.) Name of Co	orporation R.J.	Centified School A	Vuse-Teachers In
(2.) Location of	Principal Office in Rh	node Island Pres- (X)	JUSC- Hachers Inc ucille R. Whitehouse Cumberland, R. J. treet, City or Town)
		rs, and Date of Expiratio	
OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
Pres.	Lucille R. Whitel	house Nate Whippl Cumb. R.	le riway 6/80 I- 02861
Pres. Elect	ROZ Je Hers.	127-Tobie Ave.	I- 02864 Pawit 02861 6/81 Wanun 028536/81 (Umb. 6/80 02864
Juyela Burke	<u> 101.14</u> 13	Butterworth Ea-PAUV	Waven 028536/8)
Jun Lund	116a) -	3684 Diam Hill	(umb. 6/80 02864

(4.) Date Appointed for Next Annual Meeting of the Corporation May 1980

I hereby criffy the foregoing to be correct:—

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Rhode Island Centified School Nurse-Teachers

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:-

- (1.) Name of Corporation Rhodo Island Certified School Munse-leachers
- (2.) Location of Principal Office in Rhode Island Box 55, Bunny, Lane, Hope R. I. 02931 (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
President	Ruth Lyons	Bunny LaneHope, R. I.	1978
Vice-President	Frances Walsh 22	Merit Drive, Cransto	n,R.I. 1978
Roc. Secretary	Carolyn Tortolani	260 George Waterman, Johnston,a.	1978
Corr. Secretary	/ Carolyn Hunter	Johnston,a. [43]Upland Way,Barrin	I. gtonR.I1978
Breasurer 1	Hizabeth McGunigle	59 Norton Ave.Crans	ton,K.I1978
. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

(4.) Date Appointed for Next Annual Meeting of the Corporation 1978 I hereby certify the foregoing to be correct:-

777 50 1918

Elizabeth R. Mc County Tress (Natural) (Designation of Officer Certyving)

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Rhode Island Certified School Nurse-Teachers

a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:—

- (1.) Name of Corporation Rhode Island Certified School Nurse-Teachers
- (2.) Location of Principal Office in Rhode Island 59 Norton Ave., Cranston, R.I. (No., Street, City or Town)
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:--

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
Carol yrectoent ani	Carolyn Tortolani		1976
Vice-Fresident	Frances Walsh	22 Merit Drive	1977
Secretary-	Winifred O'Connell	RFD 3, N.Scituate	1976
Corresponding Secretary-	L. Mildred Hanley		1977
Recording Treasurer	Elizabeth R. McGuni	Pawtucket,R.I. gle 59 Norton Ave.	June 1977
Andrew Marie Terrestation and the second		Cranston, R.I.	
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in a minimum in a moreon.		***************************************	

(4.) Date Appointed for Next Annual Meeting of the Corporation June 1976

I hereby certify the foregoing to be correct:—

Zeizelete R. Kic Green Li (Kans) (Designation of Officer Certifying)

FEB 28 1976