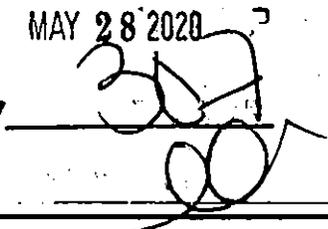




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

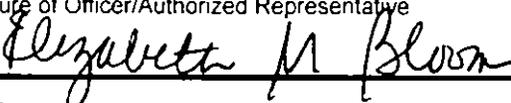
MAY 28 2020

BY 

Annual Report for the year: **2020**

Non-Profit Corporation

- 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 000797642		2. Exact name of the Corporation Student Nurses Association of Rhode Island ()			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island SNARI is an independent student organization which promotes student participation in activities relative to nursing such as participating in community affairs and activities towards improving health care.			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address 27 Mettatuxet Road			City Narragansett	State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sari Dahn			Vice-President Name Nicholas Thibeault		
Street Address 53 Providence Street			Street Address 33 Rosebank Drive		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02908
Secretary Name None at this time			Treasurer Name Acting Treasurer - Elizabeth M. Bloom		
Street Address			Street Address 27 Mettatuxet Road		
City	State	Zip	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Sari Dahn			Director Name Elizabeth M. Bloom		
Street Address 53 Providence Street			Street Address 27 Mettatuxet Road		
City Providence	State RI	Zip 02907	City Narragansett	State RI	Zip 02882
Director Name Nicholas Thibeault			Director Name		
Street Address 33 Rosebank Drive			Street Address		
City Providence	State RI	Zip 02908	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 Elizabeth M. Bloom				Date 5/26/20	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov