RI SOS Filing Number: 202041369670 Date: 5/29/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2020



→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number									
000090617	Rhode Island Society for Human Resource Managemen								
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island								
Rhode Island	To create or	portunities fo	r the exchange of ideas on current problems						
4. NAICS Code	confronting t	he human res	ources professionals						
813920									
6. Principal Office Address			City	State	Zip				
100 Metro Center E	3oulevard		Warwick	RI	02886				
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name Cynthia Butler	,		Vice-President Name Lynn Corwin						
Street Address 100 Metro Center Bo	oulevard	_	Street Address 100 Metro Center Boulevard						
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886				
Secretary Name Pam DeMelim		<u> </u>	Treasurer Name Patricia Lyons						
Street Address 100 Metro Center Bouleva	ind .		Street Address 100 Metro Center Boulevard						
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886				
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment									
Director Name Cynthia Butler			Director Name Lynne Corwin						
Street Address 100 Metro Center Bould	evard		Street Address 100 Metro Center Boulevard						
City Warwick	State	Zip 02886	City Warwick	State	Zip 02886				
Director Name Patricia Lyons	<u>'''</u> .	1 . 02000	Director Name	1	· · ·				
Street Address 100 Metro Center Box	ulevard		Pam DeMelim Street Address 100 Metro Center Boulevard						
City	State	Zip	City	State	Zip				
Warwick	RI	02886	100 Metro Center Boulevard	RI	02886				
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.									
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.									
Name of Officer/Authorized Representative Date 5/31/2020									
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