



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

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.

FILED STAMP

MAY 29 2020 FOR RETAIL

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1. Entity ID Number 000090617		2. Exact name of the Corporation Rhode Island Society for Human Resource Management			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To create opportunities for the exchange of ideas on current problems confronting the human resources professionals			
4. NAICS Code 813920					
6. Principal Office Address 100 Metro Center Boulevard			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cynthia Butler			Vice-President Name Lynn Corwin		
Street Address 100 Metro Center Boulevard			Street Address 100 Metro Center Boulevard		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Pam DeMelim			Treasurer Name Patricia Lyons		
Street Address 100 Metro Center Boulevard			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 <input type="checkbox"/>					
Director Name Cynthia Butler			Director Name Lynne Corwin		
Street Address 100 Metro Center Boulevard			Street Address 100 Metro Center Boulevard		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Patricia Lyons			Director Name Pam DeMelim		
Street Address 100 Metro Center Boulevard			Street Address 100 Metro Center Boulevard		
City Warwick	State RI	Zip 02886	City 100 Metro Center Boulevard	State RI	Zip 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.					
<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 Patricia A. Lyons				Date 5/27/2020	
Signature of Officer/Authorized Representative Patricia A. Lyons				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov