



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

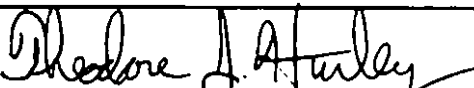
Annual Report for the year: **2020**
Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 02 2020

BY

1. Entity ID Number 113167		2. Exact name of the Corporation Rhode Island Chapter of the Society of Financial Examiners			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote continuing education to the membership along with promoting effective regulation in financial examinations.			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address 172 Gibson Avenue		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 Louis Gabriele			Vice-President Name Debra Almeida		
Street Address 440 Gilbert Stuart Road			Street Address 2 Timberwolf Drive		
City Saunders town	State RI	Zip 02874	City Cumberland	State RI	Zip 02864
Secretary Name Elizabeth Ammerman			Treasurer Name Theodore Hurley		
Street Address 660 Mount Pleasant Road			Street Address 172 Gibson Avenue		
City Harrisville	State RI	Zip 02830	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 Louis Gabriele			Director Name Debra Almeida		
Street Address 440 Gilbert Stuart Road			Street Address 2 Timberwolf Drive		
City Saunders town	State RI	Zip 02874	City Cumberland	State RI	Zip 02864
Director Name Elizabeth Ammerman			Director Name Theodore Hurley		
Street Address 660 Mount Pleasant Road			Street Address 172 Gibson Avenue		
City Harrisville	State RI	Zip 0283	City Narragansett	State RI	Zip 02882
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 Theodore Hurley, Treasurer				Date 05/28/2020	
Signature of Officer/Authorized Representative 					

Rhode Island Chapter of the Society of Financial Examiners
Entity ID #113167

Form 631 Attachment

Line 8 – List All Directors (Name and Address)

John Tudino
12 Hampshire Rd.
Cranston, RI 02910

FILED

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BY 1209 DS