

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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R.I. DEPT. OF STATE BUS SVCS DIV

2020 JUN -3 PM 3: 00

-> 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 000968673	2. Exact name of the Corporation New England Association of Fraterial Ins Counsellors						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Provide educational programs to members & charitable work on behalf of the						
4. NAICS Code	organization						
813110 - Religious Organiza							
6. Principal Office Address	<u>.</u>		City	State	Zip		
11 Jefferson Road			No Smithfield	RI	02896		
7. List ALL officers (names and add	dresses)			Check the box to indic	ate an attachment		
President Name Joseph Soucy		-	Vice-President Name Thomas Racine				
Street Address 286 Central St			Street Address 58 Main Street				
City Georgetown	State MA	Zip 01833	City Sturbridge	State MA	Zip 01566		
Secretary Name Normand A. St. Laurent			Treasurer Name Normand St. Laurent				
Street Address 11 Jefferson Rd			Street Address 11 Jefferson Rd				
City No Smithfield	State RI	Zip 02896	City No Smithfield	State RI	^{Zip} 02896		
8. List ALL directors (names and a	ddresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indic	ate an attachment		
Director Name Joel Boncek			Director Name Sarah Groleau				
Street Address 1 Columbus Plaz	:a		Street Address 22 Little Knoll Circuit				
City New Haven	State CT	Zip 02152	^{City} Freedom,	State NH	Zip 03836		
Director Name Mary Normandin	-		Director Name				
Street Address 109 1/2 South Sta	ite St		Street Address				
City Concord	State NH	Z _{IP} 03301	City	State	Zip		
9. Registered Agent in Rhode Islan	id. This information	on is currently of reco	rd in the Department of State. Chan	nges require filing Form 64	11.		
Under penalty of perjury, I decla statements, and that all stateme				ccompanying schedu	ıles and		
This report must be signed by either the Pre-	sident, Vice-Presidei	nt, Secretary, Assistant :	Secretary, Treasurer, duly Authorized Rep	presentative, Receiver or Trus	stee		
Name of Officer/Authorized Repres			Date 6/1/20				
Signature of Officer/Authorized Rep	presentative	Acaron	CUMENT HE'RE FILED	I			
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019