



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000030607

**2. Name of Corporation** The Rhode Island Pharmacists Association

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

**4. Corporate Address in Rhode Island**

No. and Street: 1643 WARWICK AVENUE, PMB 113

City or Town: WARWICK

State: RI Zip: 02889 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

MEMBERSHIP ASSOCIATION PROMOTING THE PROFESSION OF PHARMACY AND PROVIDING CONTINUING EDUCATION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MATTHEW LACROIX	16 MARK FORE DRIVE WEST WARWICK, RI 02893 USA
TREASURER	ANTHONY HARRISON	65 MODENA AVE PROVIDENCE, RI 02908 USA
SECRETARY	KATHERINE CORSI	300 BUNGY ROAD NORTH SCITUATE, RI 02857 USA
INDEPENDENT REPRESENTATIVE	RENATA RICCI	980 CARRS PONG ROAD EAST GREENWICH, RI 02818 USA
RI PHARMACY FOUNDATION REP	MICHAEL POIRIER	101 MAYFLOWER DR EAST GREENWICH, RI 02818 USA
PAST PRESIDENT	KENNY CORREIA	43 NICKERSON ST CRANSTON, RI 02910 USA
DIRECTOR	PATRICK KELLY	58 REMINGTON FARM ROAD COVENTRY, RI 02816 USA
DIRECTOR	DANIEL LEFKOWITZ	137 MOUNTAIN LAUREL DRIVE CRANSTON, RI 02920 USA
DIRECTOR	VINCENT SALERNO	50 CIRCUIT DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	KYLE MCGRATH	63 PENDAR ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ALLISON ZUERN	111 MEDWAY ST, APT 16 PROVIDENCE, RI 02906 USA
DIRECTOR	CHRISTOPHER FEDERICO	39 WOODBINE ST PROVIDENCE, RI 02906 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DANIEL ROWAN 1643 WARWICK AVENUE, PMB 113 WARWICK , RI 02889

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of June, 2020 at 9:27:30 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By ANTHONY HARRISON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

