RI SOS Filing Number: 202043135930 Date: 6/23/2020 12:29:00 PM



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

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. 000029724
- 2. Name of Corporation Rhode Island College Alumni 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

Fee: \$20.00

611310

### 4. Corporate Address in Rhode Island

No. and Street: 600 MT. PLEASANT AVENUE

KAUFFMAN CENTER

City or Town: PROVIDENCE State: RI Zip: <u>02908</u> 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

TO PROMOTE EDUCATION BY ASSISTING RHODE ISLAND COLLEGE BOTH
FINANCIALLY AND OTHERWISE AND BY ENCOURAGING GRADUATES AND FORMER
STUDENTS TO DO THE SAME AND RELATED ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL SMITH	24 MOCCASIN TRAIL CRANSTON, RI 02921 USA
TREASURER	CORSINO DELGADO	30 FOURTH STREET PROVIDENCE, RI 02906 USA
SECRETARY	HILLARY LIMA	81 CARMAN STREET CRANSTON, RI 02910 USA
DIRECTOR	JAMES DAMBRA	5 MAPLEWOOD DR LINCOLN, RI 02865 USA
DIRECTOR	ED RONDEAU	262 NORWOOD AVENUE CRANSTON, RI 02905 USA
DIRECTOR	MIA PALOMBO	11 SAUGATUCKET D WAKEFIELD, RI 02879 USA
DIRECTOR	ELIZABETH WARBURTON ROCHEFORT	83 JANICE RD WARWICK, RI 02886 USA
DIRECTOR	KEVIN MCHUGH	996 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	GEORGIA FORTUNATO	240 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920 USA
DIRECTOR	SHARON GLECKMAN	16 COLONIAL RD PROVIDENCE, RI 02906 USA
DIRECTOR	DANA MCCANTS DEIRISIER	69 PHEBE ST PROVIDENCE, RI 02904 USA
DIRECTOR	DIANE MEDEROS	6 JESSICA DR BRISTOL, RI 02809 USA
DIRECTOR	ROBIN K MONTVILO	50 ELMCREST AVE PROVIDENCE, RI 02908 USA
DIRECTOR	MONICA PAIGE	140 PIDGE AVE PAWTUCKET, RI 02860 USA
DIRECTOR	MARCY A REYES	240 SUMMER ST CRANSTON, RI 02910 USA
DIRECTOR	PAMELA RYAN	19 MEMORIAL AVE LINCOLN, RI 02865 USA
DIRECTOR	KEVIN F SAN	353 ASYLUM RD WARWICK, RI 02886 USA
DIRECTOR	LAMMIS VARGAS	35 BETSEY WILLIAMS DR CRANSTON, RI 02905 USA
DIRECTOR	SCOTT ALLINSON	5 SURREY LN YONKERS, NY 10710 USA
DIRECTOR	COLLEEN CALLAHAN	40 OLD WEST WRENTHAM RD CUMBERLAND, RI 02864 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

CLARK GREENE 600 MOUNT PLEASANT AVENUE KAUFFMAN CENTER PROVIDENCE, RI 02908

9. This report must be signed by either the President, Vice President, Secretary, Assistant

Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 23 Day of June, 2020 at 12:31:49 PM 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 MICHAEL SMITH

Signature of Authorized Person

Form No. 631 Revised 09/07

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