RI SOS Filing Number: 202044037170 Date: 6/29/2020 4:00:00 PM



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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→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

r	<del>y.</del>	<del> </del>					
1. Entity ID Number	2. Exact name of the Corporation						
000103008	ACFE, RI Chapter, Inc.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Promotion of fraud deterrence and fostering of skills in accounting, auditing,						
4. NAICS Code	criminology, investigation, law, and ethics.						
813920 - Professional Organ	ļ						
6. Principal Office Address	<u> </u>	<del></del>	City	State	Zip		
P. O. Box 6671			Providence	RI	02940		
7. List ALL officers (names and add	dresses)	·	<u> </u>	Check the box to indica	ite an attachment		
President Name Evan Lemoine			Vice-President Name Jo Ann McEwen				
Street Address 903 Providence PI # 451			Street Address 480 Jefferson Boulevard				
City Providence	State RI	<sup>Zip</sup> 02903	City Warwick	State RI	<sup>Zip</sup> <b>02886</b>		
Secretary Name Jean Lehman			Treasurer Name Nuribel Pena				
Street Address 17 Garden st			Street Address 28 Perez Street				
City Warwick	State RI	Zip 02888	City Attleboro	State MA	Zip 02703		
8. List ALL directors (names and a	ddresses). RI Con	porations MUST li	st at least THREE directors.	Check the box to indica	ite an attachment		
Director Name Laina Borowski			Director Name Lia Benevides				
Street Address 3 Valley Drive			Street Address 6 King Philip Avenue				
<sup>City</sup> Johnston	State RI	<sup>Zip</sup> 02919	City Bristol	State RI	<sup>Zip</sup> 02809		
Director Name Jenna Remillard			Director Name Suzanne Bove				
Street Address 297 Marston Rd			Street Address 57 Ray Road				
City Whitinsville	State MA	<sup>Zip</sup> 01588	City Wrentham	State MA	<sup>Zip</sup> <b>02093</b>		
9. Registered Agent in Rhode Islan	nd. This information	is currently of record	I in the Department of State. Cha	inges require filing Form 64	1,		
Under penalty of perjury, I decia statements, and that all stateme				accompanying schedu	les and		
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant Se	cretary. Treasurer, duly Authorized Re	apresentative, Receiver or Trust	ee.		
Name of Officer/Authorized Repres	Date	Date					
Nuribel Pena				6/25/2020			
Signature of Officer/Authorized Rep	presentative			<del> </del>	<del></del>		
/ (empo)	eno	SIGN DOC	JMENT HERE				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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