State of Rhode Island and Providence Plantations Fee: \$20.00 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. 000031027
2. Name of Corporation Rhode Island Society of Health-System Pharmacists
3. State of Incorporation
State: <u>RI</u>
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 <u>click here.</u>
NAICS Code
<u>813212</u>
4. Corporate Address in Rhode Island
No. and Street:P.O. BOX 40297City or Town:PROVIDENCEState: RIZip: 02940Country: 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
PROMOTE PHARMACY AND PROVIDE EDUCATIONAL CREDITS TO ITS MEMBERS
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

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Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	JOHN MORGAN	1240 WORDENS POND RD CHARLESTOWN, RI 02813 USA
DIRECTOR	NELSON CAETANO	14 ROYAL COURT CUMBERLAND, RI 02864 USA
DIRECTOR	ANN MARIE BROCCOLO	5 BROWN DR WESTERLY, RI 02891 USA
TREASURER	ANDREW ROSS	95 AMY DR CRANSTON, RI 02921 USA
PRESIDENT	MARK E ROGERS	11 VALLEY DRIVE ASHAWAY, RI 02804 USA
PAST PRESIDENT	KAREN NOLAN	165 BUNGY RD NORTH SCITUATE, RI 02857 USA
SECRETARY	BRETT FERET	2529 HARKNEY HILL RD COVENTRY, RI 02806 USA
DIRECTOR	ANNE MARIE BROCCOLO	5 BROWN DR WESTERLY, RI 02891 USA
PRESIDENT ELECT	SHANNON LEVESQUE	3 HILARY AVE CUMBERLAND, RI 02864 USA
DIRECTOR	RAYMOND W IANNUCCILLO	169 PAWTUXET TERRACE WEST WARWICK, RI 02893 USA
Changes Require Filing o	RHODE ISLAND - DO NOT ALTEI of Form 641 - R.I.G.L. 7-6-13 / 7-6	6-78
Changes Require Filing on RICHARD EMERY 593 EE	of Form 641 - R.I.G.L. 7-6-13 / 7-6	6-78 1 02903 • President, Secretary, Assistant
Changes Require Filing of <u>RICHARD EMERY</u> 593 EE This report must be sign Secretary, Treasurer, du gned this 3 Day of July gnature of the individual cknowledgement of the so dividual's act and deed of	of Form 641 - R.I.G.L. 7-6-13 / 7-6 DDY STREET PROVIDENCE, R ed by either the President, Vice ly Authorized Representative, F 2020 at 6:53:11 PM by the au or individuals signing this insu- ignatory, under penalties of pe- per the act and deed of the comp electronic filing, in compliance	5-78 <u>1</u> 02903 • President, Secretary, Assistant Receiver, or Trustee. • Ithorized person. This electronic trument constitutes the affirmation or rjury, that this instrument is that pany, and that the facts stated herein ar