



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. 000031027

2. Name of Corporation Rhode Island Society of Health-System Pharmacists

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

813212

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 40297

City or Town: PROVIDENCE

State: RI

Zip: 02940

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

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

| <b>Title</b>    | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|-----------------|---|---|
| DIRECTOR        | JOHN MORGAN   | 1240 WORDENS POND RD<br>CHARLESTOWN, RI 02813 USA                 |
| DIRECTOR        | NELSON CAETANO  | 14 ROYAL COURT<br>CUMBERLAND, RI 02864 USA                        |
| DIRECTOR        | ANN MARIE BROCCOLO                                    | 5 BROWN DR<br>WESTERLY, RI 02891 USA                              |
| TREASURER       | ANDREW ROSS   | 95 AMY DR<br>CRANSTON, RI 02921 USA                               |
| PRESIDENT       | MARK E ROGERS   | 11 VALLEY DRIVE<br>ASHAWAY, RI 02804 USA                          |
| PAST PRESIDENT  | KAREN NOLAN   | 165 BUNGY RD<br>NORTH SCITUATE, RI 02857 USA                      |
| SECRETARY       | BRETT FERET   | 2529 HARKNEY HILL RD<br>COVENTRY, RI 02806 USA                    |
| DIRECTOR        | ANNE MARIE BROCCOLO                                   | 5 BROWN DR<br>WESTERLY, RI 02891 USA                              |
| PRESIDENT ELECT | SHANNON LEVESQUE                                      | 3 HILARY AVE<br>CUMBERLAND, RI 02864 USA                          |
| DIRECTOR        | RAYMOND W IANNUCCILLO                                 | 169 PAWTUXET TERRACE<br>WEST WARWICK, RI 02893 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**

RICHARD EMERY 593 EDDY STREET PROVIDENCE , RI 02903

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

**Signed this 3 Day of July, 2020 at 6:53:11 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 ANDREW ROSS  
 Signature of Authorized Person

Form No. 631  
 Revised 09/07