



**State of Rhode Island
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. 000057767

2. Name of Corporation OCEAN STATE CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS

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

813920

4. Corporate Address in Rhode Island

No. and Street: 26 MOUNTAIN AVENUE

City or Town: RIVERSIDE

State: RI

Zip: 02915

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 PROVIDE CONTINUING EDUCATION FOR INTERNAL AUDITORS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KRISTEN FORESTER	26 MOUNTAIN AVENUE RIVERSIDE, RI 02915 USA
TREASURER	ERIC MATA	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
SECRETARY	LAURA KOWAL	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
CERTIFICATION OFFICER	DONNA DUPUIS	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
DIRECTOR	MITCHELL KRZYZEK	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
DIRECTOR	SHAEMUS SHEPARD	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
DIRECTOR	ANGEL GALARZA	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
DIRECTOR	GARY SPINO	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
DIRECTOR	CHRISTOPHER SALEM	P.O. BOX 40604 PROVIDENCE, RI 02904 USA
DIRECTOR	VANESA COMEY	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL MOREAU	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
DIRECTOR	BARBARA NORRIS	P.O. BOX 40603 PROVIDENCE, RI 02904 USA
DIRECTOR	MARIANNE FOSTER	26 MOUNTAIN AVENUE RIVERSIDE, RI 02915 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**

MARIANNE FOSTER 100 SAW MILL DRIVE UNIT 204 NORTH KINGSTOWN , RI 02852

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

Signed this 9 Day of September, 2020 at 6:03:41 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 ERIC MATA
Signature of Authorized Person

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