



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

FILED

DEC 09 2020

RV

1. Entity ID Number 000088111		2. Exact name of the Corporation Workers Compensation Association of Rhode Island Employers			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The association monitors changes in the Workers Compensation system, advises and holds educational conferences for its members			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address PO 7103		City Warwick		State RI	Zip 02887
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank Parella			Vice-President Name Amelia Canto		
Street Address 116 Sunrise Dr.			Street Address 111 Denver Street Apt. 2		
City Bristol	State RI	Zip 02910	City Pawtucket	State RI	Zip 02860
Secretary Name			Treasurer Name Ronald P. Joseph		
Street Address			Street Address 13 Carnival Terrace		
City	State	Zip	City Wt. Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank Parella			Director Name Amelia Canto		
Street Address 116 Sunrise Dr.			Street Address 111 Denver Street Apt. 2		
City Bristol	State RI	Zip 02910	City Pawtucket	State RI	Zip 02860
Director Name Ronald P. Joseph			Director Name		
Street Address 13 Carnival Terrace			Street Address		
City Wt. Warwick	State RI	Zip 02893	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Ronald P. Joseph				Date 12/2/20	
Signature of Officer/Authorized Representative 					

MAIL TO:
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