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R.I. DEPT. OF STATE  
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2021 MAY 20 PM 3:05



Annual Report for the year: 2021  
 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.

STAMP

1. Entry ID Number <b>30004</b>		2. Exact name of the Corporation <b>Rhode Island Academy of Nutrition &amp; Dietetics</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island The Rhode Island Academy of Nutrition and Dietetics (RIAND), an affiliate of the Academy of Nutrition and Dietetics, is a professional organization of food and nutrition experts committed to improving the nutrition and health of all Rhode Islanders.			
4. NAICS Code 813920 - Professional Organization					
6. Principal Office Address PO BOX 6892			City Providence	State RI	Zip 02940
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Julia Berman</b>			Vice-President Name <b>Laura Kilcline</b>		
Street Address <b>114 11th Street</b>			Street Address <b>214 Tiffany Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Secretary Name <b>Amanda Missimer</b>			Treasurer Name <b>Ianna Wasser</b>		
Street Address <b>41 Lower College Rd, 125 Fogarty Hall</b>			Street Address <b>85 Carpenter Street</b>		
City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Julia Berman</b>			Director Name <b>Laura Kilcline</b>		
Street Address <b>114 11th Street</b>			Street Address <b>214 Tiffany Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name <b>Shira Hirshberg</b>			Director Name		
Street Address <b>383 W Fountain St, Suite 109</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <b>Laura Kilcline</b>				Date <b>05/12/2021</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FILED 3:07

MAY 20 2021

FORM 631 - Revised: 08/2020

BY