



**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: 2021

1. Corporate ID No. 001700093

2. Name of Corporation CPNRI Benefit Fund Inc.

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

4. Principal Office Address

No. and Street: PO BOX 20307
City or Town: CRANSTON, State: RI Zip: 02920 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE PURPOSE OF THE CORPORATION IS TO PROVIDE MEDICAL AND DENTAL BENEFITS TO AGENCIES THAT SERVE INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND TO CARRY ON ANY OTHER LAWFUL ACTIVITY IN SUPPORT AND TO THE BENEFIT OF THE FOREGOING STATED PURPOSES AS MAY BE CARRIED ON BY A CORPORATION FORMED UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT, R.I. GEN. LAWS 7-6 ET. SEQ.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	DAVID REISS	310 MAPLE AVE. SUITE 102 BARRINGTON, RI 02806 USA
DIRECTOR	CARRIE MIRANDA	141 CHEROKKE DR. PORTSMOUTH, RI 02871 USA
DIRECTOR	KATHLEEN ELLIS	243 SILVER LAKE AVE. WAKEFIELD, RI 02879 USA
DIRECTOR	JUDITH SULLIVAN	75 WICKFORD COURT N. KINGSTOWN, RI 02852 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

WILLIAM E. O'GARA, ESQ. NORTHWOODS OFFICE PARK 1301 ATWOOD AVENUE, SUITE 215 N
JOHNSTON , RI 02919

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

Signed this 26 Day of May, 2021 at 2:18:18 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 DAVID REISS
Signature of Authorized Person

Form No. 631
Revised 09/07

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