**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.** 000031011

**2. Name of Corporation** Rhode Island Society for Respiratory Care

**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. Principal Office Address**

No. and Street: P.O. BOX 6645
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:

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

PROFESSIONAL ORGANIZATION FOR CONTINUING EDUCATION AND COMMUNITY AWARENESS

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | MICHAEL CARNEVALE | 399 HARRIS AVENUE<br>WOONSOCKET, RI 02895 USA |
| TREASURER | ROBERT GOODWIN | 15 ROSEBANK DRIVE<br>PROVIDENCE, RI 02908 USA |
| SECRETARY | SHANNON J REGINE | 72 STEVEN DRIVE<br>WEST WARWICK, RI 02893 US |
| VICE PRESIDENT | WILLIAM RIVELLI | 6 DENNISON STREET<br>JOHNSTON, RI 02919 US |
| DELEGATE | ALYSSA DESSLER | 22 LEAR DRIVE<br>COVENTRY, RI 02816 US |
| DIRECTOR | KELLEY MARINO | 1 NEWENGLAND TECH BOULEVARD<br>EAST GREENWICH, RI 02818 US |
| DIRECTOR | MATTHEW REGINE | 72 STEVEN DRIVE<br>WEST WARWICK, RI 02893 US |
| DIRECTOR | ALYSSA DESSLER | 22 LEAR DRIVE<br>COVENRTY, RI 02816 US |

**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**

MICHAEL J. CARNEVALE RESPIRATORY CARE 164 SUMMIT AVENUE PROVIDENCE , RI 02906

**8. 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 June, 2021 at 12:04:54 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 MICHAEL J CARNEVALE
Signature of Authorized Person

Form No. 631
Revised 09/07