



**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.** 000126368

**2. Name of Corporation** The New England Chapter - Technologist Section

**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: 335R PRAIRIE AVE

SUITE 2A/SCHOOL OF MEDICAL IMAGING

City or Town: PROVIDENCE

State: RI Zip: 02905 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**

TO PROVIDE CONTINUING EDUCATION OPPORTUNITIES TO ALL NUCLEAR MEDICINE PROFESSIONALS AND TO PROMOTE THE DISCUSSION AND COMMUNICATION OF KNOWLEDGE RELATED TO THE FIELD OF NUCLEAR MEDICINE.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LEO NALIVAIKA	14 OAK KNOLL WORCESTER, MA 01609 USA
TREASURER	THOMAS MORNEAU	288 CHURCH STREET WETHERSFIELD, CT 06109 USA
SECRETARY	NICOLE LABRECQUE	1423 COMMONWEALTH AVE UNIT 103 BOSTON, MA 02135 USA
PAST PRESIDENT	MATTHEW MCMAHON	47 VICTORIA ROAD SUDBURY, MA 01776 USA
DIRECTOR	JOCELYN CHAREST	32 EMERSON AVENUE SWANSEA, MA 02777 USA
DIRECTOR	KATHY KRISAK	20 HOSPITAL DRIVE HOLYOKE, MA 01040 USA
DIRECTOR	APRIL MANN	47 HADLEY VILLAGE ROAD SOUTH HADLEY, MA 01075 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**

LAUREN SHANBRUN - RI TAG REP 335R PRAIRIE AVENUE, SUITE 2A PROVIDENCE , RI 02905

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

**Signed this 11 Day of June, 2021 at 2:28:19 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 THOMAS MORNEAU  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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