



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Non-Profit Corporation

JUN 14 2021

BY 414

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 31142		2. Exact name of the Corporation Rhode Island Government Finance Officers Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Improve Methods of state and municipal finance through educational forums.			
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>					
6. Principal Office Address Newport City Hall - 43 Broadway		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vincent T. Izzo, Jr.		Vice-President Name Karen Giebink			
Street Address Office of the General Treasurer 50 Service Rd		Street Address Narragansett Bay Commission 1 Service Rd			
City Warwick	State RI	Zip 02903	City Providence	State RI	Zip 02905
Secretary Name William Fazioli		Treasurer Name Carolyn J Cleary			
Street Address City of East Providence 145 Taunton Ave		Street Address City of Newport 43 Broadway			
City East Providence	State RI	Zip 02914	City Newport	State RI	Zip 02840
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 Julie Goucher		Director Name Randy Rossi			
Street Address Town of Bristol 10 Court St		Street Address Town of Smithfield 64 Famum Pike			
City Bristol	State RI	Zip 0289	City Smithfield	State RI	Zip 02917
Director Name Kathy Raposa		Director Name Joanna L'Heureux			
Street Address Town of Barrington 283 County Rd		Street Address City of Pawtucket 137 Roosevelt Ave			
City Barrington	State RI	Zip 02806	City Pawtucket	State RI	Zip 02860
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 Carolyn J. Cleary, RIGFOA Treasurer				Date 06/10/2021	
Signature of Officer/Authorized Representative <i>Carolyn J. Cleary</i>					

MAIL TO:
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 Website: www.sos.ri.gov