



State of Rhode Island
Department of State - Business Services Division

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.

FILED
JUN 17 2021

fy. 192

1. Entity ID Number 00117694		2. Exact name of the Corporation Rhode Island Apartment Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote professionalism within the multi-family housing industry through education and public issues affecting said industry.			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 558 Smithfield Avenue			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name None		Vice-President Name Sherry Kriss			
Street Address		Street Address 558 Smithfield Avenue			
City	State	Zip	City Pawtucket	State RI	Zip 02860
Secretary Name Ron Serpa		Treasurer Name Frank O. Bragantin			
Street Address 558 Smithfield Avenue		Street Address 558 Smithfield Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Sherry Kriss		Director Name Michael Raheb			
Street Address 558 Smithfield Avenue		Street Address 558 Smithfield Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Frank O. Bragantin		Director Name			
Street Address 558 Smithfield Avenue		Street Address			
City Pawtucket	State RI	Zip 02860	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.					
<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 Frank O. Bragantin, Treasurer				Date 6/11/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov