



**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. 000027803

2. Name of Corporation Rhode Island Association of Insurance and Financial Advisors, 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: 2400 POST ROAD

City or Town: WARWICK

State: RI

Zip: 02886

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

NON-PROFIT PROFESSIONAL ASSOCIATION LIFE AND HEALTH INSURANCE
EDUCATION AND PUBLIC RELATIONS

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
PRESIDENT	JOHN T HOWARD	424 PLAIN MEETING HOUSE ROAD WEST GREENWICH, RI 02817 USA
DIRECTOR	EUGENE NADEAU	935 JEFFERSON BLVD., SUITE 2000 WARWICK, RI 02886 USA
DIRECTOR	JOHN N PEACOCK	100 MIDWAY ROAD, SUITE 20 CRANSTON, RI 02920 USA
EXECUTIVE DIRECTOR	MARK A MALE	2400 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	JANICE A KAPLAN	401 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
DIRECTOR	VINCENZO PARENTE	401 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 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

MARK MALE 2400 POST ROAD WARWICK , RI 02886

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

Signed this 23 Day of June, 2021 at 8:51:28 AM 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 MARK MALE
Signature of Authorized Person

Form No. 631
Revised 09/07

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