



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.
 Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29653		2. Exact name of the Corporation Brain Injury Association of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To educate the general public about brain injury; to make information and resources available; to promote programs that prevent brain injury.			
5. Principal office address 1017 Waterman Avenue			City East Providence	State RI	Zip 02914
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Nicholas Cioe			Vice-President Name Colleen McCarthy		
Street Address 5731 Post Road			Street Address 41 Quincy Street		
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02908
Secretary Name David Petrocelli			Treasurer Name Robert G. DeOrsey		
Street Address 331 Stetson Street Apt 2			Street Address 14 Sandy Way		
City Fall River	State MA	Zip 02720	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <i>See attached</i>			Director Name <i>See attached</i>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE **BY**

FILED

JUN 24 2021

[Handwritten signature]

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.

Debra Sharpe 6.21.21
 Signature of Officer or Authorized Representative Date

DEBRA SHARPE
 Print or Type Name of Officer or Authorized Representative



**BRAIN INJURY
ASSOCIATION
OF RHODE ISLAND**

**BRAIN INJURY ASSOCIATION OF RHODE ISLAND, INC.
BOARD OF DIRECTORS – 2021**

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JUN 24 2021

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