



**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. 000029724

2. Name of Corporation Rhode Island College Alumni Association

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: 600 MT. PLEASANT AVENUE
KAUFFMAN CENTER

City or Town: PROVIDENCE State: RI Zip: 02908 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 PROMOTE EDUCATION BY ASSISTING RHODE ISLAND COLLEGE BOTH FINANCIALLY AND OTHERWISE AND BY ENCOURAGING GRADUATES AND FORMER STUDENTS TO DO THE SAME AND RELATED ACTIVITIES

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	MICHAEL SMITH	24 MOCCASIN TRAIL CRANSTON, RI 02921 USA
TREASURER	CORSINO DELGADO	30 FOURTH STREET PROVIDENCE, RI 02906 USA
SECRETARY	HILLARY LIMA	81 CARMAN STREET CRANSTON, RI 02910 USA
VICE PRESIDENT	GEORGIA FORTUNATO	240 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920 USA
DIRECTOR ALUMNI RELATIONS	SUZANNA ALBA	600 MOUNT PLEASANT AVE PROVIDENCE, RI 02908 USA
DIRECTOR	MARCY A REYES	240 SUMMER ST CRANSTON, RI 02910 USA
DIRECTOR	TAMAR BROWN	126 CASS ST PROVIDENCE, RI 02905 USA
DIRECTOR	DEBRA L SERVELLO	128 OLNEY KEACH RD CHEPACHET, RI 02814 USA
DIRECTOR	MIA PALOMBO	11 SAUGATUCKET RD. WAKEFIELD, RI 02879 USA
DIRECTOR	EMMANUEL R ECHEVARRIA	30 HOWLAND STREET SEEKONK, MA 02771 USA
DIRECTOR	ROBIN K MONTVILO	50 ELMCREST AVE PROVIDENCE, RI 02908 USA
DIRECTOR	MONICA PAIGE	140 PIDGE AVE PAWTUCKET, RI 02860 USA
DIRECTOR	PAMELA RYAN	19 MEMORIAL AVE LINCOLN, RI 02865 USA
DIRECTOR	KEVIN F SAN	353 ASYLUM RD WARWICK, RI 02886 USA
DIRECTOR	SCOTT ALLINSON	5 SURREY LN YONKERS, NY 10710 USA
DIRECTOR	COLLEEN CALLAHAN	40 OLD WEST WRENTHAM RD CUMBERLAND, RI 02864 USA
DIRECTOR	JAMES DAMBRA	5 MAPLEWOOD DR LINCOLN, RI 02865 USA
DIRECTOR	ED RONDEAU	262 NORWOOD AVENUE CRANSTON, RI 02905 USA
DIRECTOR	SHARON GLECKMAN	16 COLONIAL RD PROVIDENCE, RI 02906 USA
DIRECTOR	KEVIN MCHUGH	996 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	DANA MCCANTS DEIRISIER	69 PHEBE ST PROVIDENCE, RI 02904 USA
DIRECTOR	DIANE MEDEROS	6 JESSICA DR BRISTOL, RI 02809 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**

CLARK GREENE 600 MOUNT PLEASANT AVENUE KAUFFMAN CENTER PROVIDENCE , RI 02908

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

Signed this 28 Day of June, 2021 at 11:00:24 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 SUZANNA ALBA
Signature of Authorized Person

Form No. 631
Revised 09/07

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