



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.

JUN 28 2021

1206

1. Entity ID Number 000160108		2. Exact name of the Corporation Rhode Island Flood Mitigation Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO UNITE IN COMMON ORGANIZATION THOSE PROFESSIONALLY ENGAGED IN FLOODPLAIN MANAGEMENT. TO PROMOTE PUBLIC AWARENESS OF PROPER FLOOD MITIGATION PRACTICES.			
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>					
6. Principal Office Address 145 Taunton Ave, Room 309			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Dwyer			Vice-President Name Leah Feldman		
Street Address 645 New London Ave			Street Address 4808 Tower Hill Road #116		
City Cranston	State RI	Zip 02920	City Wakefield	State RI	Zip 02879
Secretary Name Sarah DiSimmone			Treasurer Name David Prescott		
Street Address 188 Valley St #300			Street Address Save the Bay Dr		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02905
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 Emily Morse			Director Name Kenneth Filarski		
Street Address 250 Armistice Blvd			Street Address P.O. Box 3210		
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02909
Director Name Charles Lowe			Director Name Teresa Crean		
Street Address 450 Veterans Memorial Parkway, Suite 301A			Street Address 220 South Ferry Road		
City East Providence	State RI	Zip 02914	City Narragansett	State RI	Zip 02882
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 DAVID PRESCOTT				Date 06/15/2021	
Signature of Officer/Authorized Representative 					

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