



**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. 001658297

2. Name of Corporation Rhode Island Broadcasters 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



813910

4. Principal Office Address

No. and Street: 11 SOUTH ANGELL STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

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

RHODE ISLAND BROADCASTERS ASSOCIATION (RIBA) IS AN ASSOCIATION
COMPRISED OF MEMBERS OF BOTH RADIO AND TELEVISION STATIONS LICENSED IN
THE STATE OF RHODE ISLAND. COLLECTIVELY, MEMBERS WORK IN UNISON TO
PROVIDE PUBLIC SERVICE INITIATIVES THAT ENHANCE, EDUCATE AND INFORM THE
COMMUNITIES WE SERVE ON HEALTH AND SAFETY MATTERS. RIBA SERVES ON THE
RI EMA COMMITTEE UNDER DIRECTION OF THE GOVERNORS OFFICE AND ON
PROVIDENCE EMERGENCY MANAGEMENT AGENCY (PEMA) TO ASSIST AND BE

PREPARED FOR EMERGENCY SITUATIONS WHERE THE VOICE OF BROADCASTING CAN ASSIST TO SAFEGUARD THE RESIDENTS OF RHODE ISLAND. A STATE-WIDE CANCELLATION SERVICE HOSTED AND MAINTAINED BY (RIBA) OFFERS ACCESS TO TELEVISION AND RADIO STATION WEBSITES, TELEVISION CRAWLS AND ALERT MESSAGING OF EMERGENCY SITUATIONS, WEATHER DELAYS AND CANCELLATIONS ASSOCIATED WITH EMERGENCY TRAFFIC AND HEALTH AND SAFETY INFORMATION. AMBER ALERT AND THE ELDERLY MISSING PERSON PROGRAM IS SUPPORTED ASIDE THE RHODE ISLAND STATE POLICE AND THE RHODE ISLAND BROADCASTERS ASSOCIATION. RIBA OFFERS A SCHOLARSHIP PROGRAM TO RHODE ISLAND RESIDENTS LOOKING TO PURSUE A CAREER IN BROADCASTING. OUR MISSION IS TO SUPPORT, INITIATE AND STRENGTHEN PROGRAMS THROUGH PUBLIC SERVICE THAT BETTER THE COMMUNITIES WE SERVE AND PROVIDE FREE OVER-THE-AIR ACCESS TO LOCAL, NATIONAL, BREAKING NEWS, WEATHER AND ENTERTAINMENT.

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	LORI NEEDHAM	11 SOUTH ANGELL STREET PROVIDENCE, RI 02906 USA
TREASURER	HOLLY PARAS	1502 WAMPANOAG TRAIL PROVIDENCE, RI 02914 USA
SECRETARY	RHONDA LAPHAM	75 OXFORD STREET PROVIDENCE, RI 02907 USA
CHAIRMAN OF THE BOARD	DAVID PICCERELLI	50 PARK LANE PROVIDENCE, RI 02907 USA
DIRECTOR	VICTOR VETTERS	23 KENNEY DRIVE CRANSTON, RI 02920 USA
DIRECTOR	PATRICK WHOLEY	25 CATEMORE BLVD. EAST PROVIDENCE, RI 02915 USA
DIRECTOR	TOM WALL	75 OXFORD STREET PROVIDENCE, RI 02907 USA
DIRECTOR	TINA M CASTANO	10 ORMS STREET PROVIDENCE, RI 02906 USA
DIRECTOR	DAVE RICHARDS	985 PARK STREET WOONSOCKET, RI 02895 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

LORI NEEDHAM 58 COOLSPRING DRIVE CRANSTON , RI 02920

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

Signed this 30 Day of June, 2021 at 3:08:48 PM 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 LORI L. NEEDHAM
Signature of Authorized Person

Form No. 631
Revised 09/07

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