



**State of Rhode Island
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

2021 JUL 13 P 3: 58
RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
Fee: \$20.00
LOGOUT

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

Help with this form

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. 000039318

2. Name of Corporation Rhode Island Inter-Local Risk Management Trust, 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
813990

4. Principal Office Address

No. and Street: 501 WAMPANOAG TRAIL, SUITE 301

City or Town: EAST PROVIDENCE State: RI Zip: 02915 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

MUNICIPAL SELF-INSURANCE POOL - THERE IS NO FEE FOR ANY FILINGS FOR THIS ENTITY PURSUANT TO SECTION 45-5-20.1

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.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	TRUSTEE	MARK S. STANKIEWICZ	4540 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
<input type="checkbox"/>	TRUSTEE	ANDREW E. NOTA	125 MAIN STREET EAST GREENWICH, RI 02818 USA
<input type="checkbox"/>	TRUSTEE	JOSEPH A. BALDUCCI	845 PARK AVENUE CRANSTON, RI 02910 USA
<input type="checkbox"/>	TRUSTEE	MICHAEL J. COURY	43 BROADWAY NEWPORT, RI 02840 USA
<input type="checkbox"/>	TRUSTEE	MARYANNE CRAWFORD	16 OLD TOWN ROAD BLOCK ISLAND, RI 02807 USA
<input type="checkbox"/>	TRUSTEE	BRIAN M. DANIELS	ONE STATE STREET, SUITE 502 PROVIDENCE, RI 02908 USA
<input type="checkbox"/>	TRUSTEE	CRAIG T. ENOS	145 TAUNTON AVENUE EAST PROVIDENCE, RI 02914 USA
<input type="checkbox"/>	TRUSTEE	DOUGLAS FIORE	283 COUNTY ROAD BARRINGTON, RI 02806 USA
<input type="checkbox"/>	TRUSTEE	DONALD R. GREBIEN	137 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
<input type="checkbox"/>	TRUSTEE	LORI A. MILLER	640 GEORGE WASHINGTON HIGHWAY, BUILDING B, SUITE 200 LINCOLN, RI 02865 USA
<input type="checkbox"/>	TRUSTEE	A. RALPH MOLLIS	100 FAIRWAY DRIVE NORTH KINGSTOWN, RI 02852 USA
<input type="checkbox"/>	TRUSTEE	RANDY R. ROSSI	64 FARNUM PIKE SMITHFIELD, RI 02917 USA
<input type="checkbox"/>	TRUSTEE	ANTONIO A. TEIXEIRA	40 COMMONS LITTLE COMPTON, RI 02837 USA
<input type="checkbox"/>	President	IAN C. RIDLON ESQ.	501 WAMPANOAG TRAIL, SUITE 301 EAST PROVIDENCE, RI 02915 USA
<input type="checkbox"/>	Secretary	COLLEEN M. BODZIONY	501 WAMPANOAG TRAIL, SUITE 301 EAST PROVIDENCE, RI 02915 USA
<input type="checkbox"/>	Treasurer	HEATHER A. SHELEY	501 WAMPANOAG TRAIL, SUITE 301 EAST PROVIDENCE, RI 02915 USA

Select From Below Title:

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
 Address: _____ City: _____ State: _____ Zip: _____ Country: _____

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

IAN C. RIDLON, ESQ. 501 WAMPANOAG TRAIL, SUITE 301 EAST PROVIDENCE, RI 02915

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

FILED

JUL 13 2021

BY W No Fee
3:58

Signed this 13 Day of July, 2021 at 2:58:22 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 IAN C. RIDLON, ESQ.
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept Decline