



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
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.

FILED

JUL 15 2021

BY

1. Entity ID Number 000008877		2. Exact name of the Corporation The Rhode Island School Superintendents' Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island RISSA is a professional organization made up of School Superintendents and Central Office Administrators. RISSA members support the highest quality of public education in RI for all our students. The RISSA Executive Board is a nonpaid entity.			
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>					
6. Principal Office Address 2480 Post Road (NEIT) Mailing address: PO Box 7791, War,RI 02887			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Kathryn Crowley, Supt			Vice-President Name		
Street Address East Prov Sch Dept 145 Taunton Avenue			Street Address		
City F. Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Philip Auger, Supt			Treasurer Name Donna Ottaviano, EBEC Exec Director		
Street Address N. Kingstown Sch Dept 100 Romano Vineyard Way			Street Address EBEC 317 Market Street		
City N. Kingstown	State RI	Zip 02852	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Karen Tarasevich, Superintendent			Director Name Timothy Ryan, RISSA Lobbyist		
Street Address West Warwick Sch Dept 10 Harris Avenue			Street Address 71 Dianne Avenue		
City West Warwick	State RI	Zip 02893	City Portsmouth	State RI	Zip 02871
Director Name Thomas Di Paola, Executive Director RISSA			Director Name		
Street Address 388 Post Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
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 Donna M. Ottaviano, Ed.D.					Date
Signature of Officer/Authorized Representative <i>Donna M. Ottaviano, Ed.D.</i>					<i>07/15/21</i>

MAIL TO:
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