



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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 JUL 28 P 2:52

1. Entity ID Number 1664938		2. Exact name of the Corporation Rhode Island NGA 2017, Inc.					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To educate, on a non-partison basis, state governors					
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>							
6. Principal Office Address One Park Row, 5th Floor				City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name None			Vice-President Name None				
Street Address			Street Address				
City		State	Zip	City		State	Zip
Secretary Name None			Treasurer Name None				
Street Address			Street Address				
City		State	Zip	City		State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name Martha Sheridan			Director Name Donald Switzer				
Street Address 44 Westminster Street			Street Address 10 Memorial Blvd.				
City Providence		State RI	Zip 02903	City Providence		State RI	Zip 02903
Director Name Jon Duffy			Director Name				
Street Address 10 Charles Street			Street Address				
City Providence		State RI	Zip 02903	City		State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.							
<b>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.</b>							
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>							
Name of Officer/Authorized Representative Edward J. Galvin						Date 07/27/2021	
Signature of Officer/Authorized Representative 						<b>FILED</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

JUL 28 2021  
 BY   
 2:52