State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

R.I. DEPT OF STATE BUS SVCS DIV
2021 NOV -8 PM 2:44
STAMP

1. Entity ID Number	2. Exact name of the Corporation
000026949	The Executives Association of Rhode Island, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: BUSINESS NETWORKING ORGANIZATION OF BUSINESS OWNERS AND DECISION MAKERS TO EXCHANGE INFORMATION AND BUSINESS GENERATION
4. NAICS Code: 813910 - Business Associations	

6. Principal Office Address	City	State	Zip
1050 MAIN STREET, #2	East Greenwich	RI	02818

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Cathy Corelli Chianese			Vice-President Name: Michael Sarenson		
Street Address: 1050 Main Street			Street Address: 1050 Main Street		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Francey Nathan			Treasurer Name: Kevin LeBlanc		
Street Address: 1050 Main Street			Street Address: 1050 Main Street		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Cathy Corelli Chianese			Director Name: Michael Sarenson		
Street Address: 1050 Main Street			Street Address: 1050 Main Street		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Director Name: Diana Pearson			Director Name:		
Street Address: 1050 Main Street			Street Address:		
City: East Greenwich	State: RI	Zip: 02818	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.

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

Name of Officer/Authorized Representative: Diana E. Pearson

Date: 11/4/2021

Signature of Officer/Authorized Representative: [signature]

FILED

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BY [signature] WAVRA

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

FORM 631 - Revised: 08/2020

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