



Annual Report for the year:
Non-Profit Corporation

2020

- Filing period June 1 - June 30
- Filing Fee \$20.00
- Penalty Addit: oral \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 DEC 24 PM 12:59

1. Entity ID Number 000061349		2. Exact name of the Corporation SAFETY ASSOCIATION OF RHODE ISLAND INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE AND DEVELOP A POSITIVE EXCHANGE OF IDEAS AND EXPERIENCE REGARDING THE PROVISIONS OF A SAFE WORK ENVIRONMENT TITLE 7-6	
4. NAICS Code 813920			
6. Principal Office Address PO Box 6606		City PROVIDENCE	State RI
		Zip 02940	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DEIDRA M TART		Vice-President Name JOHN J BERWARDI	
Street Address 119 COLDBROOK DRIVE		Street Address 55 CARLTON AVE	
City CRASTON	State RI	City WARWICK	State RI
	Zip 02920		Zip 02889
Secretary Name SHANNON EARLE		Treasurer Name JOHNELL VORTON	
Street Address 40 STATE ST.		Street Address 61 WATSON ST	
City NARRAGANSETT	State RI	City CRASTON	State RI
	Zip 02882		Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name FRED MAZABY		Director Name JASON LAUOFF	
Street Address 16 HARBOUR AVE		Street Address 50 BELLEVUE AVE	
City WEST WARWICK	State RI	City WARRICK	State RI
	Zip 02893		Zip 02852
Director Name JOHN LYNCH		Director Name	
Street Address 200 FOREST AVE		Street Address	
City CRASTON	State RI	City	State
	Zip 02919		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 JOHN J BERWARDI			Date 12/20/2021
Signature of Officer/Authorized Representative 			

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

FILED
DEC 24 2021
BY CLK K418P
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