RI SOS Filing Number: 202214302680 Date: 4/4/2022 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2022 **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	
APR 04 2022	į

							
1. Entity ID Number	2. Exact name of the Corporation						
105487	Rhode Island Shorthand Reporters Association, Inc.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	To assume responsibility for leadership and enlightenment of the users of verbatim						
4. NAICS Code	1						
813910 - Business Association							
6. Principal Office Address			City	State	Zip		
115 Phenix Avenue			Cranston	RI	02920		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Lori Spremulli Confreda			Vice-President Name Barbara Warner				
Street Address 461 Pavillion Avenue			Street Address 455 Meshanticut Valley Parkway, Apt 207B				
City Warwick	State RI	^{Zip} 02888	City Cranston	State RI	Zip 02920		
Secretary Name Ronald Ronzio		•	Treasurer Name Patricia Magnone				
Street Address 46 Brett Court			Street Address 46 Forest Avenue				
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02910		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Patricia Magnone Director Name Dorothy Depointe							
Street Address 46 Forest Avenue			Street Address 189 Pine Glen Drive				
City Cranston	State Rt	^{Zip} 02910	City East Greenwich	State RI	^{Zip} 02818		
Director Name Lori Spremulli Confreda			Director Name None				
Street Address 461 Pavillion Avenue			Street Address				
City Warwick	State RI	Zip 02888	City	State	Zip		
9. Registered Agent in Rhode Islan	nd. This information	is currently of reco	rd in the Department of State. Chang	es require filing Form 6	41.		
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, Treesurer, duty Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative Date							
Lori Spremulli Confreda Whyth, 2028							
Signature of Officer/Authorized Representative SIGN LOCUMENT HERE							

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov