

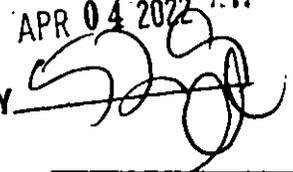


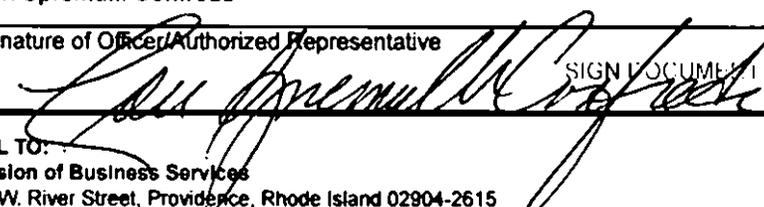
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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
 BY 

1. Entity ID Number 105487		2. Exact name of the Corporation Rhode Island Shorthand Reporters Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To assume responsibility for leadership and enlightenment of the users of verbatim			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 115 Phenix Avenue		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
Director Name Patricia Magnone			Director Name Dorothy Depointe		
Street Address 46 Forest Avenue			Street Address 189 Pine Glen Drive		
City Cranston	State RI	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 Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Lori Spremulli Confreda				Date March 7, 2022	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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