



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 001664938

**2. Name of Corporation** Rhode Island NGA 2017, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813920

**4. Principal Office Address**

No. and Street: ONE PARK ROW, 5TH FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO EDUCATE, ON A NON-PARTISAN BASIS, STATE GOVERNORS UNDER SECTION 501C3 OF THE INTERNAL REVENUE CODE

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | MARTHA SHERIDAN                                | 44 WESTMINSTER STREET<br>PROVIDENCE, RI 02903 USA          |

|                |                 |                                                              |
|----------------|-----------------|--------------------------------------------------------------|
| SECRETARY      | JON DUFFY       | 10 CHARLES STREET<br>PROVIDENCE, RI 02903 USA                |
| VICE PRESIDENT | DONALD SWEITZER | 10 MEMORIAL BLVD.<br>PROVIDENCE, RI 02903 USA                |
| DIRECTOR       | DONALD SWEITZER | 10 MEMORIAL BOULEVARD, SUITE 101<br>PROVIDENCE, RI 02903 USA |
| DIRECTOR       | JON DUFFY       | 10 CHARLES STREET<br>PROVIDENCE, RI 02904 USA                |
| DIRECTOR       | MARTHA SHERIDAN | 44 WESTMINSTER STREET<br>PROVIDENCE, RI 02903 USA            |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

EDWARD GALVIN GALVIN & ASSOCIATES ONE PARK ROW, SUITE 5 PROVIDENCE , RI 02903

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

**Signed this 31 Day of May, 2022 at 4:54:38 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By EDWARD J. GALVIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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