		te of Rhode f the Secreta		Fee: \$20.00		
	1	ion Of Business 48 W. River S ridence RI 0290	treet)4-2615			
HOPE		(401) 222-30	40			
Non-Profit Corpor Annual Report Filing Period: February						
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. 000027803						
2. Name of Corporation Rhode Island Association of Insurance and Financial Advisors, Inc.						
3. State of Incorporation						
State: <u>RI</u>	State: <u>RI</u>					
		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 <u>click here.</u>						
NAICS Code						
<u>813920</u>						
4. Principal Office Address						
No. and Street:	2400 POST ROAD					
City or Town:	WARWICK	State: R	<u>I</u> Zip: <u>02886</u>	Country: <u>USA</u>		
5. Brief Description of the Character of the Affairs Conducted in Rhode Island						
<u>NON-PROFIT PROFESSIONAL ASSOCIATION LIFE AND HEALTH INSURANCE</u> EDUCATION AND PUBLIC RELATIONS						
6. Names and Addres	sses 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	Individ	ual Name	A	ddress		
	First, Middl	e, Last, Suffix		n, State, Zip Code, Country		
PRESIDENT	VINCENZO) PARENTE		AMPANOAG TRAIL ENCE, RI 02915 USA		

DIRECTOR	EUGENE NADEAU	935 JEFFERSON BLVD., SUITE 2000 WARWICK, RI 02886 USA			
DIRECTOR	JOHN N PEACOCK	100 MIDWAY ROAD, SUITE 20 CRANSTON, RI 02920 USA			
EXECUTIVE DIRECTOR	MARK A MALE	2400 POST ROAD WARWICK, RI 02886 USA			
DIRECTOR	JANICE A KAPLAN	401 WAMPANOAG TRAIAL EAST PROVIDENCE, RI 02915 USA			
DIRECTOR	JOHN HOWARD	780 VICTORY HIGHWAY SUITE 1 WEST GREENWICH, RI 02817 USA			
MARK MALE 2400 POST ROAD WARWICK, RI 02886 8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee. Signed this 11 Day of July, 2022 at 12:52:37 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 MARK MALE Signature of Authorized Person					
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