	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Business	Services	
	148 W. River S	treet	
	Providence RI 0290)4-2615	
1636	(401) 222-304	40	
Non-Profit Corporation Annual Report Filing Period: February 1 - May			
In accordance with R.I.G.L. 7- annual report within the time p penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 202	23		
1. Corporate ID No. 0007	97642		
2. Name of Corporation <u>STL</u>	JDENT NURSES ASSOCIA	TION OF RHODE IS	LAND
3. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whi populate a NAICS Code base box on the right. For further as	ch your entity engages. The l d on the chosen selection. If t	box to the right of the di he NAICS Code is know	ropdown will
NAICS Code]
813920			
4. Principal Office Address			
No. and Street: 27 MET	TATUXET ROAD		
		tte: <u>RI</u> Zip: <u>02882</u>	Country: <u>USA</u>
5. Brief Description of the Ch	naracter of the Affairs Condu	cted in Rhode Island	
<u>CHARITABLE</u>			
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	Addre	ss
	First, Middle, Last, Suffix	Address, City or Town, Stat	

PRESIDENT	MELANIE PAQUIN	51 DOROTHY AVENUE PROVIDENCE, RI 02904 USA	
TREASURER	ELIZABETH BLOOM	27 METTATUXET ROAD NARRAGANSETT, RI 02882 USA	
SECRETARY	ELIZABETH BLOOM	27 METTATUXET ROAD NARRAGANSETT, RI 02882 USA	
VICE PRESIDENT	ASHLEY DESJARLAIS	110 FIFTH STREET EAST PROVIDENCE, RI 02914 USA	
DIRECTOR	ELIZABETH M. BLOOM	27 METTATUXET ROAD NARRAGANSETT, RI 02882 USA	
DIRECTOR	MELANIE PAQUIN	51 DOROTHY AVENUE PROVIDENCE, RI 02904 USA	
DIRECTOR	ASHLEY DESJARLAIS	110 FIFTH STREET EAST PROVIDENCE, RI 02914 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

ELIZABETH BLOOM 27 METTATUXET ROAD NARRAGANSETT , RI 02882

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

Signed this 6 Day of February, 2023 at 1:46:20 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 ELIZABETH M BLOOM

Signature of Authorized Person

Form No. 631 Revised 09/07

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