

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: 2023

- 1. Corporate ID No. 000029724
- 2. Name of Corporation Rhode Island College Alumni Association
- 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

611310

4. Principal Office Address

No. and Street: 600 MOUNT PLEASANT AVE

WELCOME CENTER

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

TO PROMOTE EDUCATION BY ASSISTING RHODE ISLAND COLLEGE BOTH FINANCIALLY AND OTHERWISE AND BY ENCOURAGING GRADUATES AND FORMER STUDENTS TO DO THE SAME AND RELATED ACTIVITIES

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GEORGIA FORTUNATO	240 MESHANTICUT VALLEY PKWY CRANSTON, RI 02920 USA
TREASURER	KEVIN SAN	353 ASYLUM ROAD WARWICK, RI 02886 USA
SECRETARY	PAMELA RYAN	19 MEMORIAL AVENUE LINCOLN, RI 02865 USA
CFO	DENISE DOMIN	600 MOUNT PLEASANT AVE, KAUFFMAN CENTE PROVIDENCE, RI 02908 USA
VICE PRESIDENT	HILLARY LIMA	31 EDWARD STREET COVENTRY, RI 02816 USA
DIRECTOR	FRANCESCA MALERBA	84 11TH STREET #3 PROVIDENCE, RI 02906 USA
DIRECTOR	MIA PALOMBO	11 SAUGATUCKET ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	KENNEDY RYAN	82 PLYMOUTH DR. APT A NORWOOD, MA 02062 USA
DIRECTOR	DANIEL SMITH	27 BIRCHWOOD DRIVE NORTH KINGSTOWN, MA 02852 USA
DIRECTOR	MICHAEL SMITH	24 MOCCASIN TRAIL CRANSTON, RI 02921 USA
DIRECTOR	RATHA SEN	224 WASHINGTON ST WARWICK, RI 02888 USA
DIRECTOR	ELENA YEE	61 S CLOVER STREET, APT. 3 POUGHKEEPSIE, NY 12601 USA
DIRECTOR	MADELINE LEBLANC-BORSARI	125 BROOK ROAD PLYMOUTH, MA 02360 USA
DIRECTOR	PIEDADE LEMOS	37 REGAL WAY CRANSTON, RI 02921 USA
DIRECTOR	DEBRA L SERVELLO	128 OLNEY KEACH RD CHEPACHET, RI 02814 USA
DIRECTOR	DIANE MEDEROS	6 JESSICA DR BRISTOL, RI 02809 USA
DIRECTOR	COLLEEN CALLAHAN	40 OLD WEST WRENTHAM RD CUMBERLAND, RI 02864 USA
DIRECTOR	TAMAR RUSSELL BROWN	2 SHAKER ROAD, SUITE D101 SHIRLEY, MA 01464 USA
DIRECTOR	MONICA PAIGE	140 PIDGE AVE PAWTUCKET, RI 02860 USA
DIRECTOR	KEVIN MCHUGH	996 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	SUZANNA ALBA	85 COLWELL ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	SHAWN ANDREWS	147 LYNCH STREET, APT 1 PROVIDENCE, RI 02908 USA

DIRECTOR	SARAH COURTEMANCHE OBRIEN	285 SUFFOLK AVENUE PAWTUCKET, RI 02861 USA
DIRECTOR	SANDRA ENOS	24 SWEET FERN LANE WARWICK, RI 02879 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

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

Signed this 24 Day of February, 2023 at 12:19:03 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 **DENISE DOMIN**

Signature of Authorized Person

Form No. 631 Revised 09/07

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