



**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.** 001726032

**2. Name of Corporation** PUBLIC RISK MANAGEMENT of NEW ENGLAND

**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: 2 LEONARD DR

City or Town: HARRISVILLE

State: RI

Zip: 02830

Country: USA

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

FOR A PROFESSIONAL ASSOCIATION OF PUBLIC RISK MANAGERS TO MEET,  
NETWORK AND SHARE IDEAS

**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MEGAN ZANESKY RICHARD	101 FIELD POINT ROAD GREENWICH, CT 06830 USA
SECRETARY	KELLY REITZER	2 LEONARD DR HARRISVILLE, RI 02830 UNI
DIRECTOR	MEGAN ZANESKY	101 FIELD POINT ROAD GREENWICH, CT 06830 USA
DIRECTOR	TIM VINCENT	26 SHORE DRIVE WARREN, RI 02888 USA
DIRECTOR	KELLY REITZER	26 SHORE DRIVE WARREN, RI 02885 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**

KELLY REITZER 26 SHORE DRIVE WARREN , RI 02885

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

**Signed this 2 Day of March, 2023 at 8:11:36 AM 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 KELLY REITZER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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