



**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. 001729275

2. Name of Corporation The Rhode Island Association of Clinical Nurse Specialists

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: 660 COTTAGE STREET

UNIT 6

City or Town: PAWTUCKET

State: RI Zip: 02861 Country: USA

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

TO INCREASE THE VISIBILITY AND VALUE OF CLINICAL NURSE SPECIALISTS
ACROSS THE STATE OF RHODE ISLAND

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
DIRECTOR	PATRICIA CALVERT	41 BROOKWOOD ROAD BRISTOL, RI 02809 USA
DIRECTOR	JUSTIN H DILIBERO	660 COTTAGE STREET UNIT 6 PAWTUCKET, RI 02861 USA
DIRECTOR	JOAN WALSH	1241 PUTNAM PIKE CHEPACHET, RI 02814 USA
DIRECTOR	JEAN SALERA-VIEIRA	18 ACACIA ROAD BRISTOL, RI 02809 USA
DIRECTOR	KATIE CHERENZIA	36 WILLOW DRIVE CRANSTON, RI 02920 USA
DIRECTOR	ANNA FORD	161 RIVERDELL DRIVE SAUNDERSTOWN, RI 02874 USA
DIRECTOR	SUSAN DIBLASI	18 DEER RUN TRAIL SMITHFIELD, RI 02917 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

JUSTIN DILIBERO 660 COTTAGE STREET, UNIT 6 PAWTUCKET , RI 02861

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

Signed this 12 Day of April, 2023 at 10:13:16 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 JUSTIN DILIBERO
Signature of Authorized Person

Form No. 631
Revised 09/07