



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 01 2023

BY

1. Entity ID Number 113167		2. Exact name of the Corporation Rhode Island Chapter of the Society of Financial Examiners			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote continuing education to members along with promoting effective regulation in financial examinations.			
4. NAICS Code 813920 - Professional O					
6. Principal Office Address 172 Gibson Avenue			City Narragansett	State RI	Zip 028852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicholas Illuzzi			Vice-President Name Debra Almeida		
Street Address 16 Geranium Circle			Street Address 2 Timberwolf Drive		
City Cranston	State RI	Zip 02920	City Cumberland	State RI	Zip 02864
Secretary Name Elizabeth Ammerman			Treasurer Name Theodore Hurley		
Street Address 660 Mount Pleasant Road			Street Address 172 Gibson Avenue		
City Harrisville	State RI	Zip 02830	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Nicholas Illuzzi			Director Name Debra Almeida		
Street Address 16 Geranium Circle			Street Address 2 Timberwolf Drive		
City Cranston	State RI	Zip 02920	City Cumberland	State RI	Zip 02864
Director Name Elizabeth Ammerman			Director Name Theodore Hurley		
Street Address 660 Mount Pleasant Road			Street Address 172 Gibson Avenue		
City Harrisville	State RI	Zip 02830	City Narragansett	State RI	Zip 02882
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Theodore Hurley, Treasurer				Date 04/27/2023	
Signature of Officer/Authorized Representative 					

Rhode Island Chapter of the Society of Financial Examiners
Entity ID#113167

Form 631 Attachment

Line 8 – List of All Directors (Name and Address)

John Tudino
12 Hampshire Road
Cranston, RI 02910

FILED
MAY 01 2023
BY 