



**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 09 2023
BY 152 OS

1. Entity ID Number 000117694		2. Exact name of the Corporation Rhode Island Apartment Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote professionalism within the multi-family housing industry through education and public issues affecting said industry			
4. NAICS Code 813910-Business Associat					
6. Principal Office Address 558 Smithfield Avenue			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name None			Vice-President Name Sherry Kriss		
Street Address			Street Address 558 Smithfield Avenue		
City	State	Zip	City Pawtucket	State RI	Zip 02860
Secretary Name Ron Serpa			Treasurer Name Frank O. Bragantin		
Street Address 558 Smithfield Avenue			Street Address 558 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sherry Kriss			Director Name Michael Raheb		
Street Address 558 Smithfield Avenue			Street Address 558 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Frank O. Bragantin			Director Name		
Street Address 558 Smithfield Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
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 Frank O. Bragantin				Date 5/3/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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