



**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 - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 000031011

2. Name of Corporation Rhode Island Society for Respiratory Care

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: P.O. BOX 6645
City or Town: PROVIDENCE State: RI Zip: 02940 Country: USA

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

PROFESSIONAL ORGANIZATION FOR CONTINUING EDUCATION AND
COMMUNITY AWARENESS

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	MATTHEW REGINE	31 EAGLE DRIVE HOPE , RI 02831 USA
TREASURER	ROBERT GOODWIN	15 ROSEBANK DRIVE PROVIDENCE, RI 02908 USA
SECRETARY	KELLEY MARINO	1 NEW ENGLAND TECH BLVD EAST GREENWICH, RI 02818 USA
DELEGATE	ANGELA BUTLER	593 EDDY STREET PROVIDENCE, RI 02903 USA
VICE PRESIDENT	WILLIAM RIVELLI	6 DENNISON STREET JOHNSTON, RI 02919 US
PAST PRESIDENT	MICHAEL J CARNEVALE	399 HARRIS AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	ALYSSA DESSLER	22 LEAR DRIVE COVENRTY, RI 02816 US
DIRECTOR	SHANNON REGINE	31 EAGLE DRIVE HOPE, RI 02831 USA
DIRECTOR	MATTHEW REGINE	31 EAGLE DRIVE HOPE, RI 02831 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**

MICHAEL J. CARNEVALE RESPIRATORY CARE 164 SUMMIT AVENUE PROVIDENCE , RI 02906

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

Signed this 10 Day of May, 2023 at 3:03:07 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 MICHAEL J CARNEVALE
Signature of Authorized Person

Form No. 631
Revised 09/07