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State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE

BUS SVCS DIV

Annual Report for the year: Non-Profit Corporation

2022

2023 MAY 11 PM 1: 19

-> Filing period. February 1 - May 1

→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if fo

1 Entity ID Number	2 Fractinam	e of the Compration	MORTHEDAL & HARE	TUANA	UALITER	
000/20575		2. Exact name of the Corporation NORTHERN RHOBE ISLAND UNITED NURSES + ALLIED PROFESSIONALS LOCAL 5067, INC.				
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island				
R.I.						
		UNION BUSINESS ABVOCATING FOR HOSPITAL				
4. NAICS Code	PATIO	ENTS BY	NURSES			
813930					 	
6. Pnncipal Office Address 501 GREAT R	DAD, UNI	T 204	NORTH SMITHFIELD	State R I	Zip 02896	
7. List ALL officers (names a	nd addresses)		Che	ck the box to indi	cate an attachment 🛂	
President Name SEE ATTACHED LISTING			Vice-President Name			
Street Address			Street Address			
City	Stale	Zip	City	State	Zip	
ecretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names	and addresses). RI	Corporations MUST	list at least THREE directors	eck the box to ind	licate an attachment	
Director Name			Check the box to indicate an attachment Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. The Registered Agent info	L ormation of record w	ith the RI Departme	nt of State is accurate. Changes requ	ire filing Form 6	41.	
Under penalty of perjury,	i declare and affirm	that I have examir	ned this report, including any accor			
statements, and that all st			nd correct. I Secretary, Treasurer, duly Authorized Represer	taine Rocenet or 1	Trustee	
		овы звоткагу, Азмядлі ———	застоюту, педамы, ошу налилио пергозог	Date Date		
Name of Officer/Authorized Representative MARIA MONIZ			FILED	$\frac{1}{2}$	18123	
Signature of Officer/Authoriz	ed Representative		MAY 1 1 2023		1 1	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

BY X 31 W57

ENTITY ID NUMBER: 000 120575

Secretary Kate Sherman

Treasurer Nancy Dwyer

El lily - To hearinger	· - •		
Officer Term/Position Officer +i+17 / D	Address FOR UII LISTON		
2022	below		
President Brenda Schobel	65 Algonquin Rd., Pascoag, RI 02859		
Senior Vice President Tina Rose	P.O. Box 2062, Pawtucket, RI 02861		
Vice President Linda Boyer	52 Shore Drive, Upton, MA 01568		
Vice President Maria Moniz	95 Barton Ave., Swansea, MA 02777		
Vice President Patricia Mullaley	16 Angelina Lane, Mansfield, MA 02048		
Vice President Joseph Azar	8 Fair Oaks Drive, Lincoln, RI 02865		

27 Lincoln Drive, North Smithfield, RI 02896

99 Providence Street, Woonsocket, RI 02895