



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 MAY 11 PM 1:19

Annual Report for the year: 2019  
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.

1. Entity ID Number <b>000120575</b>		2. Exact name of the Corporation <b>NORTHERN RHODE ISLAND UNITED NURSES + ALLIED PROFESSIONALS LOCAL 5067, INC.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>UNION BUSINESS ADVOCATING FOR HOSPITAL PATIENTS BY NURSES</b>			
4. NAICS Code <b>813930</b>					
6. Principal Office Address <b>501 GREAT ROAD, UNIT 204</b>		City <b>NORTH SMITHFIELD</b>		State <b>RI</b>	Zip <b>02896</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <b>SEE ATTACHED LISTING</b>		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name		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 information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>MARIA MONIZ</b>				Date <b>5/8/23</b>	<b>FILED</b>
Signature of Officer/Authorized Representative 				<b>MAY 11 2023</b>	<b>BY STW5-J</b>

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ENTITY ID NUMBER: 000120575

Officer Term/Position

Address

OFFICER TITLE / DIRECTOR FOR all listed below

2019

President Nina Rotatori

124 Lambert Ave, Woonsocket, RI 02895

Senior Vice President Brenda Schobel

65 Algonquin Rd., Pascoag, RI 02859

Vice President Tina Rose

P.O. Box 2062, Pawtucket, RI 02861

Vice President Renee Falcioni

635 Main Street, Pascoag, RI 02859

Vice President Joseph Azar

8 Fair Oaks Drive, Lincoln, RI 02865

Vice President Linda Boyer

52 Shore Drive, Upton, MA 01568

Vice President Doug Guertin

14 Pond Street, Uxbridge, MA 01569

Treasurer Nancy Dwyer

99 Providence Street, Woonsocket, RI 02895