



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
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2023 MAY 11 PM 1:17

Annual Report for the year:  
Non-Profit Corporation

2010

- 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>000/20575</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) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
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. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
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>					
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <b>MARIA MONIZ</b>				Date <b>5/8/23</b>	
Signature of Officer/Authorized Representative 				FILED <b>MAY 11 2023</b>	

BY **STW5J** 1:27

ENTITY ID NUMBER: 000120575

Officer Term/Position

Address

Officer title / Director for all listed below

2010

11 Country Way, North Smithfield, RI 02896

President Janice Peso

22 Esek Hopkins Ln., Cumberland, RI 02644

Vice President Carol Franz

P.O. Box 2062, Pawtucket, RI 02861

Vice President Tina Rose

8 Fair Oaks Drive, Lincoln, RI 02865

Vice President Joseph Azar

24 Buckley Dr., N. Smithfield, RI 02896

Vice President Kenneth Jenkins

65 Algonquin Rd., Pascoag, RI 02859

Secretary Brenda Schobel

202 Thayer St., Millville, MA 01529

Treasurer Patricia Hazebrouck