



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

2007

2023 MAY 11 PM 1:17

- 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 000/20575 | | 2. Exact name of the Corporation NORTHERN RHODE ISLAND UNITED NURSES + ALLIED PROFESSIONALS LOCAL 5067, INC. | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island UNION BUSINESS ADVOCATING FOR HOSPITAL PATIENTS BY NURSES | | | |
| 4. NAICS Code 813930 | | | | | |
| 6. Principal Office Address 501 GREAT ROAD, UNIT 204 | | City NORTH SMITHFIELD | | State RI | Zip 02896 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| President Name SEE ATTACHED LISTING | | | 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 MUST list at least THREE 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. | | | | | |
| 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. | | | | | |
| 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 MARIA MONIZ | | | | Date 5/8/23 | |
| Signature of Officer/Authorized Representative | | | | | |

FILED

MAY 11 2023

BY **STW55**

1:24

ENTITY ID NUMBER : 000120575

Officer Term/Position

Address

Officer title / Director for all Listed
below

2007

President Janice Peso

11 Country Way, North Smithfield, RI 02896

Vice President Tina Rose

P.O. Box 2062, Pawtucket, RI 02861

Vice President Joseph Azar

8 Fair Oaks Drive, Lincoln, RI 02865

Vice President Roland Constantineau

99 Providence St., Woonsocket, RI 02895

Vice President Diane King

273 Oregon Ave, Woonsocket, RI 02895

Secretary Lisa Beauregard

279 Mason St., Woonsocket, RI 02895

Treasurer Patricia Hazebrouck

202 Thayer St., Millville, MA 01529