



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

2003

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>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)					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>					
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>				FILED	Date <b>5/8/23</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>				MAY 11 2023	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

BY *[Signature]* STW55 1:20

ENTITY ID NUMBER : 000120513

Officer Term/Position

Address

officer title / Director for all Listed  
below

2003

President Jan Peso

11 Country Way, North Smithfield, RI 02896

Vice President Deborah Baro

40 County St., Millerville, MA 01504

Vice President Joseph Azar

8 Fair Oaks Drive, Lincoln, RI 02865

Vice President Patricia Hazebrouck

202 Thayer St, Millville, MA 01529

Vice President Patricia Levesque

626 Smithfield Rd., N. Providence, RI 02904

Secretary Lisa Beauregard

279 Mason St., Woonsocket, RI 02895

Treasurer Pauline Tessitore

44 Dudley Street, Woonsocket, RI 02895