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State of Rhode Island

Department of State - Business Services Division

Annual	Report for	the year:
Non-Pro	ofit Corner	ation

2003

- -> Filing period: February 1 May 1
- → Filing Fee: \$20.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31

91	
_ *	ng garage

1 Entity ID Number	2. Exact nar	ne of the Corporation	NORTHERN RHODE	ISLAND (UNITED		
000/20575	NURSE	NURSES + ALLIED PROFESSIONALS LOCAL 5067, INC.					
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island					
RІ	UNIO	N BUSINES	S ABVOCATING FOR	ABVOCATING FOR HOSPITAL			
4. NAICS Code 8/3930	PATI	ENTS BY	NUKSES				
6. Principal Office Address			City	State	Zıp		
501 GREAT R	LOAD, UNI	T 204	NORTH SMITHFIELD	RI	02896		
7. List ALL officers (names a	ind addresses)		Ch	eck the box to indic	ate an attachment 🛂		
President Name SEE	ATTACHED	LISTING	Vice-President Name				
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Secretary Name		<u>. </u>	Treasurer Name				
<u> </u>		Street Address					
Street Address			- Silect Address	<u> </u>			
City	State	Zip	City	State	Zıp		
8. List ALL directors (names Director Name	and addresses). RI	Corporations MUST	list at least THREE directors. Ci	neck the box to indic	cate an attachment		
Director Name							
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name	Director Name		Director Name				
Street Address		Street Address					
	State	Zip	City	State	Zip		
City					L		
	ormation of record w	rith the RI Departmen	Int of State is accurate. Changes requ	ire filing Form 64	1		
9. The Registered Agent infi Under penalty of perjury,	l declare and affirm	that I have examin	ed this report, including any acco				
9. The Registered Agent info Under penalty of perjury, statements, and that all st	l declare and affirm tatements containe	n that I have examin ad herein are true ar	ed this report, including any acco	mpanying sched	lules and		
9. The Registered Agent info Under penalty of perjury, statements, and that all st This report must be signed by either Name of Officer/Authorized	I declare and affirm tatements containe athe President, Vice-Pres	n that I have examin ad herein are true ar	ed this report, including any acco nd correct.	mpanying sched	lules and		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rl.gov

ENTITY IS NUMBER . DODIZOSIS

Officer Term/Position Officer Title / Director for all Listed below

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