



MAY 19 2023

1036 *2*

Annual Report for the year: 2023

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 000161590		2. Exact name of the Corporation Rhode Island Attendance Officers Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promoting the educational and vocational services for juveniles of the State of Rhode Island and to promote juvenile school attendance.			
4. NAICS Code 813319 - Other Social Advocacy (
6. Principal Office Address 18 Ilex Court			City Saunderstown	State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rebecca Angell			Vice-President Name Thomas Masse		
Street Address 18 Ilex Court			Street Address 25 Oak View Drive		
City Saunderstown	State RI	Zip 02874	City Cranston	State RI	Zip 02921
Secretary Name Diana Clarkin			Treasurer Name Sharon Propst		
Street Address 49 Tupelo Drive			Street Address 15 Cobblestone Terrace		
City Wakefield	State RI	Zip 02879	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sharon Propst			Director Name Thomas Masse		
Street Address 15 Cobblestone Terrace			Street Address 25 Oak View Drive		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02921
Director Name Richard J. Longolucco			Director Name Kenneth J. Bowman		
Street Address 151 Alton Bradford Road			Street Address 10 Barnacle Drive		
City Bradford	State RI	Zip 02808	City Wakefield	State RI	Zip 02879
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Sharon Propst					Date 5/17/23
Signature of Officer/Authorized Representative <i>Sharon Propst Treasurer</i>					

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