



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 26 2023

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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.

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|--|--|
| 1. Entity ID Number 000103008 | 2. Exact name of the Corporation ACFE, RI Chapter, Inc. |
| 3. State of Incorporation RI | 5. Brief description of the character of business conducted in Rhode Island Promotion of fraud deterrence and fostering of skills in accounting, auditing, criminology, investigation, law and ethics. |
| 4. NAICS Code 813920 - Professional Or | |

| | | | |
|---|---------------------------|--------------------|---------------------|
| 6. Principal Office Address PO Box 6671 | City Providence | State RI | Zip 02940 |
|---|---------------------------|--------------------|---------------------|

7. List ALL officers (names and addresses) Check the box to indicate an attachment

| | | | | | |
|--|-----------------|------------------|--|-----------------|------------------|
| President Name Suzanne Bove | | | Vice-President Name Jenna Remillard | | |
| Street Address 57 Ray Road | | | Street Address 297 Marston Rd | | |
| City Wrentham | State MA | Zip 02903 | City Whitinsville | State MA | Zip 01588 |
| Secretary Name Aimee Fennessey | | | Treasurer Name Lia Benevides | | |
| Street Address 179 Hudson Pond Rd | | | Street Address 6 King Phillip Rd | | |
| City West Greenwich | State RI | Zip 02817 | City Bristol | State RI | Zip 02809 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

| | | | | | |
|---|-----------------|------------------|--|-----------------|------------------|
| Director Name Rebecca Ferreira | | | Director Name Laina Borowski | | |
| Street Address 17 Edgeworth St | | | Street Address 3 Valley Drive | | |
| City Dartmouth | State MA | Zip 02748 | City Johnston | State RI | Zip 02919 |
| Director Name Donti Rosciti | | | Director Name Lisa Ferreira | | |
| Street Address 5 Maple Valley Road | | | Street Address 380 Westminster Street | | |
| City Coventry | State RI | Zip 02816 | City Providence | State RI | Zip 02903 |

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 Aimee Fennessey | Date 05/20/2023 |
|---|---------------------------|

Signature of Officer/Authorized Representative
[Handwritten signature of Aimee Fennessey]

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov