



**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2023

JUL X 3 2023
BY 1024
ES

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 1664938		2. Exact name of the Corporation Rhode Island NGA 2017, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To educate, on a non-partison basis, state governors.			
4. NAICS Code 813920					
6. Principal Office Address One Park Row, 5th Floor			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name none			Vice-President Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name none			Treasurer Name none		
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 type="checkbox"/>					
Director Name Martha Sheridan			Director Name Donald Sweitzer		
Street Address 44 Westminster Street			Street Address 10 Memorial Blvd.		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Jon Duffy			Director Name		
Street Address 10 Charles Street			Street Address		
City Providence	State RI	Zip 02903	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Edward J. Galvin				Date 06/30/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov