



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 000071831		2. Exact name of the Corporation National Guard Association of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote and improve adequate state and national security.			
4. NAICS Code 813920					
6. Principal Office Address 2841 South County Trail, Bldg. 330			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard H. McMahon III			Vice-President Name		
Street Address 2841 South County Trail, Bldg. 330			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name Alisa D'Agostino		
Street Address			Street Address 2841 South County Trail, Bldg. 330		
City	State	Zip	City East Greenwich	State RI	Zip 02818
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 Katharine James			Director Name Jason Plante		
Street Address 2841 South County Trail, Bldg. 330			Street Address 2841 South County Trail, Bldg. 330		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Christopher Peloso			Director Name		
Street Address 2841 South County Trail, Bldg. 330			Street Address		
City East Greenwich	State RI	Zip 02818	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.					
<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 Alisa D'Agostino				Date 12/12/2023	
Signature of Officer/Authorized Representative <i>Alisa D'Agostino</i> FILED 125					

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

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