



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV

2023 DEC 19 A 10:26

Annual Report for the year 2022
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 0000 57767		2. Exact name of the Corporation OCEAN state chapter of the Institute of Internal Auditors			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE CONTINUING education for Internal Auditors.			
4. NAICS Code 813 920					
6. Principal Office Address 26 Mountain Avenue			City Riverside	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kristin Forester			Vice-President Name ---		
Street Address 26 Mountain Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name			Treasurer Name ERIC MATA		
Street Address			Street Address 26 Mountain Avenue		
City	State	Zip	City Riverside	State RI	Zip 02915
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 ANGEL GALARZA			Director Name CHRISTOPHER SALEM		
Street Address 26 Mountain Avenue			Street Address 26 Mountain Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name			Director Name ERIC MATA		
Street Address			Street Address 26 Mountain Avenue		
City	State	Zip	City Riverside	State RI	Zip 02915
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 ERIC MATA					Date 12/18/2023
Signature of Officer/Authorized Representative <i>Eric Mata</i>					FILED

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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BY ARJCS

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