



State of Rhode Island
Department of State - Business Services Division

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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BUS SVCS DIV

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1. Entity ID Number 000088111		2. Exact name of the Corporation WORKER'S COMPENSATION ASSOCIATION OF RHODE ISLAND			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE AND PERPETUATE THE PRACTICE OF SOUND AND CONSERVATIVE INSURANCE AND SELF-INSURANCE FOR WORKERS' COMPENSATION			
4. NAICS Code 813910					
6. Principal Office Address 2 DOUGLAS PIKE			City SMITHFIELD	State RI	Zip 02917
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRAD DEAN, SR.			Vice-President Name		
Street Address 70 INDUSTRIAL ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name HEATHER ROSS			Treasurer Name FRANK PARELLA		
Street Address 50 OLD MILL STREET			Street Address 119 HOPKINS HILL ROAD		
City HARRISVILLE	State RI	Zip 02830	City WEST GREENWICH	State RI	Zip 02919
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 Brad Dean SR			Director Name Heather Ross		
Street Address Industrial Dr			Street Address 50 old mill st.		
City Cumberland	State RI	Zip 02864	City Harrisville	State RI	Zip 02830
Director Name Frank Parella			Director Name		
Street Address 116 Sunrise Dr			Street Address		
City Bristol	State RI	Zip 02809	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.					
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 BRAD DEAN SR					Date 1-3-2024
Signature of Officer/Authorized Representative <i>[Signature]</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

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