	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines 148 W. River S			
1426	Providence RI 029			
1030	(401) 222-30	40		
Non-Profit Corporation				
Annual Report				
Filing Period: February 1 - Mag	y 1			
In accordance with R.I.G.L. 7- annual report within the time p penalty fee of \$25.00.			;	
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	<b>024</b> : <u>2024</u>		
1. Corporate ID No. <u>0000</u>	26847			
2. Name of Corporation Association of Rhode Island State Supervisors				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled N primary type of activity in whi populate a NAICS Code base box on the right. For further a	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is k	e dropdown will	
<u>813930</u>				
<u>013730</u>				
4. Principal Office Address				
	APITOL HILL			
City or Town: <u>PROVI</u>	DENCE State:	<u>RI</u> Zip: <u>02908</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	naracter of the Affairs Condu	ucted in Rhode Islan	d	
UNION REPRESENTATIO	N OF STATE EMPLOYEE	S IN BARGAININ	<u>G UNIT</u>	
6. Names and Addresses of	the Officers and Directors:			
All Directors and Officers m Island Corporation shall not	ust be listed individually. Th be less than 3.	e number of DIREC	FORS of a Rhode	
Title	Individual Name	Ade	dress	
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country	

PRESIDENT	RICHARD COIA	108 ALLERTON AVE. EAST PROVIDENCE, RI 02914 USA	
TREASURER	JOSH O'NEILL	1 TEAKWOOD DRIVE CUMBERLAND , RI 02864 USA	
SECRETARY	MATTHEW LAWLOR	145 OVERLAND AVE CRANSTON, RI 02910 USA	
VICE PRESIDENT	DANNY PACHECO	156 ARMINGTON ST. CRANSTON, RI 02905 USA	
DIRECTOR	DAN STONE	41 JUSTICE ST. NORTH PROVIDENCE, RI 02911 USA	
DIRECTOR	PAUL MURPHY	61 SILO DRIVE CUMBERLAND, RI 02864 USA	
DIRECTOR	PAUL GONSALVES	8 SUTCLIFFE AVE. LINCOLN, RI 02865 USA	

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MATTHEW LAWLOR 145 OVERLAND AVE. CRANSTON , RI 02910

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

## Signed this 17 Day of February, 2024 at 10:27:27 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By MATTHEW LAWLOR

Signature of Authorized Person

Form No. 631 Revised 09/07

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