



State of Rhode Island
Department of State - Business Services Division
2024

FEB 29 2024 AMP

Annual Report for the year:

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 1678396		2. Exact name of the Corporation The Rhode Island Franchisee Association Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island communicate issues of significance to and educate franchisees with an interest in small business			
4. NAICS Code 813910					
6. Principal Office Address 40 Jordan Street			City East Providence	State RI	Zip 02914-0000
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Prazeres			Vice-President Name Robert Batista		
Street Address 40 Jordan Street			Street Address 40 Jordan Street		
City East Providence	State RI	Zip 02914-	City East Providence	State none	Zip 02914-
Secretary Name Jonathan Ferreira			Treasurer Name James Lynch		
Street Address 40 Jordan Street			Street Address 40 Jordan Street		
City East Providence	State none	Zip 02914-	City East Providence	State none	Zip 02914-
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 John Justo			Director Name Robert Batista		
Street Address 40 Jordan Street			Street Address 40 Jordan Street		
City East Providence	State none	Zip 02914-	City East Providence	State none	Zip 02914-
Director Name Christopher J. Prazeres			Director Name James Lynch		
Street Address 40 Jordan Street			Street Address 40 Jordan Street		
City East Providence	State none	Zip 02914-	City East Providence	State none	Zip 02914-
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 Christopher Prazeres President				Date 01/04/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov