



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000031099

**2. Name of Corporation** The Rhode Island Speech AND Hearing Association

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813920

**4. Principal Office Address**

No. and Street: PO BOX 8317

City or Town: CRANSTON State: RI Zip: 02920 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO STIMULATE INTERST IN THE DIAGNOSOS AND REHABILITATION OF PEOPLE  
WITH COMMUNICATION DISORDERS.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	ELLEN GALLAGHER CONNERY	25 SALTAIRE AVENUE NARRAGANSETT, RI 02882 USA
PRESIDENT	ALLAN B SHAW	75 PURCHASE ST. #12 EAST PROVIDENCE , RI 02914 USA
DIRECTOR	ALLAN B SHAW	75 PURCHASE ST. #12 EAST PROVIDENCE , RI 02914 USA
DIRECTOR	ELLEN GALLAGHER CONNERY	25 SALTAIRE AVENUE NARRAGANSETT , RI 02882 USA
DIRECTOR	PATRICIA IAFRATE BELLINI	24 FOREST VIEW DRIVE NORTH PROVIDENCE , RI 02904 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**

ELLEN GALLAGHER CONNERY 25 SALTAIRE AVENUE NARRAGANSETT , RI 02882

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

**Signed this 5 Day of March, 2024 at 9:29:51 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 ELLEN L CONNERY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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