



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 04 2024

BY

Annual Report for the year: 2024

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 000008877		2. Exact name of the Corporation The Rhode Island School Superintendents' Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RISSA is a professional org made up of School Supt & Central Office Admin. RISSA members support the highest quality of public education in RI for all our students. RISSA Executive Board is an unpaid entity.			
4. NAICS Code 813920-Professional Org					
6. Principal Office Address 2480 Post Road (NEIT) Mailing-PO Box 7791, 02887		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Erinakes, Superintendent			Vice-President Name Jeannine Nota Masse		
Street Address E WGr School Dept 940 Nooseneck Hill R			Street Address Cranston Pub Sch 845 Park Ave		
City W Greenwich	State RI	Zip 02817	City Cranston	State RI	Zip 02910
Secretary Name Lawrence Filippelli Lincoln Pub Sch			Treasurer Name Donna Ottaviano		
Street Address 135 Old River Rd			Street Address EBEC 317 Market Street		
City Lincoln	State RI	Zip 02865	City Warren	State RI	Zip 02885
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 Thomas DiPaola (Exec Dir)			Director Name Timothy Ryan (Lobbyist)		
Street Address 388 Post Road			Street Address 71 Dianne Avenue		
City Westerly	State RI	Zip 02891	City Portsmouth	State RI	Zip 02871
Director Name Karen Tarasevich, Past President			Director Name		
Street Address W War Sch Dept 10 Harris Ave			Street Address		
City West Warwick	State RI	Zip 02893	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Donna M. Ottaviano, Ed.D. RISSA Treasurer				Date 02/28/2024	
Signature of Officer/Authorized Representative <i>Donna M. Ottaviano, Ed.D.</i>					

MAIL TO:

Division of Business Services

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