



**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. 000111265

2. Name of Corporation New England Assembly of Nurse Anesthetists, Inc.

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: 26 ABERDEEN RD

UNIT 560

City or Town: RIVERSIDE

State: RI

Zip: 02915-5002

Country: USA

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

THE PROMOTION OF NURSE ANESTHESIA, THE FACILITATION OF THE CONTINUING EDUCATION OF NURSE ANESTHESIA.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN BELMONT	17 SCENIC HILL ROAD TRUMBULL, CT 06611 USA
TREASURER	CHRISTINE ALOI	22 ALLEN DRIVE TRUMBULL, CT 06611 USA
DIRECTOR	STEVEN BELMONT	17 SCENIC HILL ROAD TRUMBULL, CT 06611 USA
DIRECTOR	CHRISTINE ALOI	22 ALLEN DRIVE TRUMBULL, CT 06611 USA
DIRECTOR	CHERYL NIMMO	26 ABERDEEN RD RIVERSIDE, RI 02915-5002 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**

CHERYL L. NIMMO, DNP, CRNA 26 ABERDEEN RD RIVERSIDE , RI 02915

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

Signed this 18 Day of March, 2024 at 9:12:15 AM 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 CHERYL NIMMO
Signature of Authorized Person

Form No. 631
Revised 09/07

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