



**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.** 000029319

**2. Name of Corporation** RHODE ISLAND ASSOCIATION OF SCHOOL COMMITTEES

**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  
611110

**4. Principal Office Address**

No. and Street: 2480 POST ROAD  
City or Town: WARWICK State: RI Zip: 02886 Country: USA

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

EDUCATION

**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
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PRESIDENT	DAVID TESTA	1107 NARRAGANSETT PARKWAY WARWICK, RI 02888 USA
DIRECTOR	PAUL BROUGET	365 ELM STREET WOONOCKET, RI 02895 USA
DIRECTOR	SUSAN ST.AMAND	7 SIDNEY STREET WEST WARWICK, RI 02893 USA
DIRECTOR	TIMOTHY DUFFY	5D QUAIL CIRCLE SMITHFIELD, RI 02917 USA
DIRECTOR	SANDRA FLOWERS	16 KEEHER NEWPORT, RI 02840 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**

TIMOTHY C. DUFFY 5D QUAIL CIRCLE SMITHFIELD , RI 02917

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

**Signed this 15 Day of April, 2024 at 4:43:40 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 TIMOTHY DUFFY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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