RI SOS Filing Number: 202451779120 Date: 4/21/2024 3:50:00 PM



## 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. 000973737
- **2.** Name of Corporation The American College of Health Care Administrators, Rhode Island Chapter
- 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

813410

## 4. Principal Office Address

No. and Street: 4 ST JOSEPH STREET

City or Town: WOONSOCKET State: RI Zip: 02985 Country: USA

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

TO RECEIVE, ADMINISTER AND EXPEND FUNDS TO ESTABLISH AND MAINTAIN AN

ORGANIZATION COMPOSED OF HEALTH CARE ADMINISTRATORS AND RELATED ACTIVITIES

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	CHERYL PICARD	4 ST. JOSEPH ST WOONSOCKET, RI 02895 USA
SECRETARY	SUSAN LANINFA	10 WOODLAND DR COVENTRY, RI 02816 USA
VICE PRESIDENT	TINA WHITE	280 HIGH ST WESTERLY, RI 02891 USA
DIRECTOR	JENNIFER ROMAGNOLO	70 HARRISON AVE NEWPORT, RI 02840 USA
DIRECTOR	KELLY ARNOLD	359 BROAD ST. PROVIDENCE, RI 02907 USA
DIRECTOR	TRACIE AREL	25 ROBERTS WAY NORTH KINGSTOWN, RI 02852 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

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVENUE, SUITE 2 BARRINGTON, RI 02806

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

Signed this 21 Day of April, 2024 at 3:51:48 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 CHERYL PICARD

Signature of Authorized Person

Form No. 631 Revised 09/07

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