



**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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