



**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. 000029562

2. Name of Corporation Rhode Island Certified School Nurse Association

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: 4A SPYGLASS CIR

City or Town: HOPE VALLEY State: RI Zip: 02832-1951 Country: USA

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

PROVIDE PROFESSIONAL RESOURCE, EDUCATION AND NETWORKING
OPPORTUNITIES FOR RI
CERTIFIED SCHOOL NURSE TEACHERS

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	MICHELLE IACOI	134 BEACH STREET WESTERLY, RI 02891 USA
SECRETARY	JODI PERRIN	4 PINE TERRACE WESTERLY, RI 02891 USA
TREASURER	RACHEL CRUZ	4A SPYGLASS CIR HOPE VALLEY, RI 02832-1951 USA
DIRECTOR	AMY THOMAS	24 ADELPHI AVE PROVIDENCE, RI 02906 USA
DIRECTOR	MICHELLE IACOI	134 BEACH STREET WESTERLY, RI 02891 USA
DIRECTOR	RACHEL CRUZ	4A SPYGLASS CIRCLE HOPE VALLEY, RI 02832 USA
DIRECTOR	JODI PERRIN	4 PINE TERRACE WESTERLY, RI 02891 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

RACHEL CRUZ 4A SPYGLASS CIR HOPE VALLEY , RI 02832-1951

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

Signed this 22 Day of April, 2024 at 4:53:00 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 RACHEL CRUZ
Signature of Authorized Person

Form No. 631
Revised 09/07