



**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.** 000029233

**2. Name of Corporation** The Rhode Island Association of Electrologists.

**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  
812199

**4. Principal Office Address**

No. and Street: 127 W BAY DRIVE  
City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

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

ELECTROLYSIS

**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	JULIEANNE VASQUEZ	14 DERRICK DRIVE ATTLEBORO, MA 02703 USA
DIRECTOR	PATRICIA KRUEGER	127 WEST BAY DRIVE NARRAGANSETT, RI 02882 USA
DIRECTOR	DONNA PELLETIER	185 PUTNAM PIKE CHEPACHET, RI 02814 USA
DIRECTOR	PAULA MANGINO	P.O. BOX 5326 WAKEFIELD, RI 02879 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**

PATRICIA KRUEGER 127 W BAY DRIVE NARRAGANSETT , RI 02882

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

**Signed this 25 Day of April, 2024 at 10:55:31 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 PATRICIA KRUEGER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved