



**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. 000030607

2. Name of Corporation The Rhode Island Pharmacists 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: 1643 WARWICK AVE. PMB 113

City or Town: WARWICK

State: RI Zip: 02889 Country: USA

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

MEMBERSHIP ASSOCIATION PROMOTING THE PROFESSION OF PHARMACY AND PROVIDING CONTINUING 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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER FEDERICO	39 WOODBINE STREET PROVIDENCE, RI 02906 USA
TREASURER	PHILLIP LY	517 ANGELL ST. PROVIDENCE, RI 02906 USA
SECRETARY	MADELEINE NG	517 ANGELL ST. PROVIDENCE, RI 02906 USA
STUDENT REPRESENTATIVE	SAM WILLIAMS	7 GREENHOUSE RD. KINGSTON, RI 02881 USA
PHARMACY TECHNICIAN REPRESENTATIVE	JESSICA CARUSO	75 LAMBERT LIND HIGHWAY WARWICK, RI 02889 USA
RI PHARMACY FOUNDATION REP	MICHAEL POIRIER	101 MAYFLOWER DR EAST GREENWICH, RI 02818 USA
INDEPENDENT PHARMACY REPRESENTATIVE	BALEY ROCHEFORT	3 ASHURST PLACE NEWPORT, RI 02840 USA
PRESIDENT-ELECT	JEFFREY DEL RICCI JR	72 TEAKWOOD DR. W COVENTRY, RI 02816 USA
OTHER OFFICER	CHRIS FEDERICO	1643 WARWICK AVE PMB 113 WARWICK, RI 02889 WARWICK, RI 02889 UNI
DIRECTOR	ERIN CONNOLLY	1560 DOUGLAS AVE. UNIT E61 NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	JOSEPH HONIG	3751 TOWER HILL RD. WAKEFIELD, RI 02879 USA
DIRECTOR	BRIANNA KIMBALL	118 SECOND ST. EAST PROVIDENCE, RI 02914 USA
DIRECTOR	MARK LORSON	11 SHAKER LN. WALPOLE, MA 02081 USA
DIRECTOR	AVERY PACHECO	50 PARK ROW W APT. 725 PROVIDENCE, RI 02903 USA
DIRECTOR	AUDREY WHALEN	123 LANCASTER ST. PROVIDENCE, RI 02906 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**

DANIEL ROWAN 1643 WARWICK AVENUE, PMB 113 WARWICK , RI 02889

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

Signed this 29 Day of April, 2024 at 8:17:23 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 CHRISTOPHER FEDERICO

Signature of Authorized Person

Form No. 631
Revised 09/07

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