



**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. 000416232

2. Name of Corporation Rhode Island Municipal Insurance Corporation

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

921190

4. Principal Office Address

No. and Street: 33 BROAD ST

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

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

TO CREATE A COOPERATIVE RISK MANAGEMENT PROGRAM PURSUANT TO RIGL SEC 45-5-20.1 TO JOINTLY OBTAIN, EFFECT AND OR ADMINISTER VARIOUS TYPES OF INSURANCE PROJECTS TO MAINTAIN INSURANCE COSTS AND EXPENSES FOR RI MUNICIPALITIES AND RELATED ENTITIES

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
DIRECTOR	JOSEPH CHIODO	1395 HARTFORD AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	MARIA VALLEE	2000 SMITH ST NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	MARK FERGUSON	169 MAIN ST WOONSOCKET, RI 02895 USA
DIRECTOR	BRAD PERVEA	108 HIGH ST WOONSOCKET, RI 02895 USA
DIRECTOR	ROBERT PARKER	10 MEMORIAL AVE JOHNSTON, RI 02919 USA
DIRECTOR	TOM ZIDELIS	869 PARK AVE CRANSTON, RI 02910 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

JOSEPH J. RODIO 33 BROAD STREET PROVIDENCE , RI 02903

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

Signed this 1 Day of May, 2024 at 9:39:48 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 JOSEPH RODIO
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved