



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP
APR 22 2024
BY *[Signature]*
AC

1. Entity ID Number 796005		2. Exact name of the Corporation Association of Rhode Island Authors			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ARIA is a 501c3 non-profit of local authors of fiction and non-fiction committed to raising awareness of local authors and their works.			
4. NAICS Code 813990					
6. Principal Office Address 39 Banner Lane			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name J. Michael Squatrito, Jr.			Vice-President Name Tabitha Lord Jorgensen		
Street Address 39 Banner Lane			Street Address 2420 Wilderness Blvd. W		
City Tiverton	State RI	Zip 02878	City Parrish	State FL	Zip 34219
Secretary Name Debra Zannelli			Treasurer Name Guy J. Natelli		
Street Address 6 Everett Salisbury Lane			Street Address 135 Greenwood Road		
City Exeter	State RI	Zip 02822	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Robert Bentley			Director Name A. Keith Carreiro		
Street Address 41 Archdale Drive			Street Address 54 Vinnicum Road		
City Warwick	State RI	Zip 02889	City Swansea	State MA	Zip 02111
Director Name K. Eric Crook			Director Name Kevin D. Duarte		
Street Address 39 Carousel Drive			Street Address 74 Griffith Drive		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Guy J. Natelli, Treasurer				Date 03/01/2024	
Signature of Officer/Authorized Representative <i>[Signature]</i> Treasurer					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.

Check the box to indicate an attachment

Director Name Angelina Singer			Director Name		
Street Address 95 Regan Circle			Street Address		
City Raynham	State MA	Zip 02767	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip