

State of Rhode Island Department of State - Business Services Division

FILED STAND A

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.

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1. Entity ID Number 7.96 (105		Exact name of the Corporation Association of Rhode Island Authors					
3. State of Incorporation	5. Brief descri	Brief description of the character of business conducted in Rhode Island					
RI	ARIA is a	ARIA is a 501c3 non-profit of local authors of fiction and non-fiction					
4. NAICS Code		committed to raising awareness of local authors and their works.					
813990							
6. Principal Office Address	<u>, </u>		City	State	Zip		
39 Banner Lane			Tiverton	RI	02878		
7. List ALL officers (names a				k the box to indicate a			
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 FI	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 C	orporations MUST		al the haute edicates			
Director Name Robert Ber			Check the box to indicate an attachment Director Name A. Keith Carreiro				
Street Address 41 Archdale Drive			Street Address 54 Vinnicum Road				
^{City} Warwick	State RI	Zip 02889	Cily Swansea	State MA	Zip UZ I I I		
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 info	ormation of record with	the RI Department	t of State is accurate. Changes re	quire filing Form 64	_		
Under penalty of perjury, I statements, and that all st			ed this report, including any acc d correct.	companying sched	ules and		
This report must be signed by either	the President, Vice-Preside	nt, Secretary, Assistant S	ecretary, Treasurer, duly Authonzed Repre	sentative, Receiver or Tru	stee		
Name of Officer/Authorized	Date						
Guy J. Natelli,	03/01/2024						
Signature of Officer/Authorize		Shrex					

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Oirector Name Angelina Singer Street Address 95 Regan Circle			Director Name		
			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