



State of Rhode Island

Department of State - Business Services Division

**FILED**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.

MAY 16 2024

BY 1038

1. Entity ID Number <b>000161590</b>		2. Exact name of the Corporation <b>Rhode Island Attendance Officers Association</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Promoting the educational and vocational services for juveniles of the State of Rhode Island and to promote juvenile school attendance.</b>			
4. NAICS Code <b>813319 - Other Social Advocacy (</b>					
6. Principal Office Address <b>49 Tupelo Drive</b>		City <b>Wakefield</b>		State <b>RI</b>	Zip <b>02879</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Diana Clarkin</b>			Vice-President Name <b>Thomas Masse</b>		
Street Address <b>49 Tupelo Drive</b>			Street Address <b>25 Oak View Drive</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Maria Pedraza</b>			Treasurer Name <b>Sharon Propst</b>		
Street Address <b>934 Dexter Street</b>			Street Address <b>15 Cobblestone Terrace</b>		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sharon Propst</b>			Director Name <b>Thomas Masse</b>		
Street Address <b>15 Cobblestone Terrace</b>			Street Address <b>25 Oak View Drive</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Director Name <b>Diana Clarkin</b>			Director Name <b>Maria Pedraza</b>		
Street Address <b>49 Tupelo Drive</b>			Street Address <b>934 Dexter Street</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
9. The Registered Agent Information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Sharon Propst</b>				Date <b>5/9/2024</b>	
Signature of Officer/Authorized Representative <i>Sharon Propst</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2815  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov