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## 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. <u>001729275</u>
- 2. Name of Corporation The Rhode Island Association of Clinical Nurse Specialists
- 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 <u>click here.</u>

NAICS Code

<u>813920</u>

## 4. Principal Office Address

No. and Street: 660 COTTAGE STREET

UNIT 6

City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

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

TO INCREASE THE VISIBILITY AND VALUE OF CLINICAL NURSE SPECIALISTS ACROSS THE STATE OF RHODE ISLAND

## 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	PATRICIA CALVERT	41 BROOKWOOD ROAD BRISTOL, RI 02809 USA
DIRECTOR	JUSTIN H DILIBERO	660 COTTAGE STREET UNIT 6 PAWTUCKET, RI 02861 USA
DIRECTOR	JOAN WALSH	1241 PUTNAM PIKE CHEPACHET, RI 02814 USA
DIRECTOR	SUSAN DIBLASI	18 DEER RUN TRAIL SMITHFIELD, RI 02917 USA
DIRECTOR	ASHLEE SACKETT	77 MERITT ROAD RIVERSIDE, RI 02915 US
DIRECTOR	KAREN SCHAEFER	172 INMAN AVE WARWICK, RI 02886 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

JUSTIN DILIBERO 660 COTTAGE STREET, UNIT 6 PAWTUCKET, RI 02861

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

**Signed this 24 Day of May, 2024 at 9:48:03 AM 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 JOAN WALSH

Signature of Authorized Person

Form No. 631 Revised 09/07

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