



State of Rhode Island  
Department of State - Business Services Division

**FILED**

MAY 28 2024

BY 11467  
*oa*

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.

1. Entity ID Number 000029364		2. Exact name of the Corporation Rhode Island Bar Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Professional Association			
4. NAICS Code 813920					
6. Principal Office Address 41 Sharpe Drive			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Nicole J. Benjamin			Vice-President Name Pres-Elect Christopher S. Gontarz		
Street Address 41 Sharpe Drive			Street Address 41 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Dana M. Horton			Treasurer Name Patrick A. Guida		
Street Address 41 Sharpe Drive			Street Address 41 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Richard D'Addario			Director Name Lynda L. Laing		
Street Address 41 Sharpe Drive			Street Address 41 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Armando E. Batastini			Director Name Kathleen M. Bridge		
Street Address 41 Sharpe Drive			Street Address 41 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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>					
<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 <i>Kathleen M. Bridge</i>				Date <b>May 23, 2024</b>	
Signature of Officer/Authorized Representative <i>Kathleen M. Bridge</i>					

**MAIL TO:**

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