



**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. 000048299

2. Name of Corporation The Rhode Island State Nurses' Association

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 [click here](#).

NAICS Code
813910

4. Principal Office Address

No. and Street: 1800 D MINERAL SPRING AVENUE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 Country: USA

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

A MEMBER BASED PROFESSIONAL ORGANIZATION FOR NURSES IN 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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	LEIGH HUBBARD	164 SUMMIT AVENUE PROVIDENCE, RI 02906 USA
TREASURER	ARA MILLETTE	1800 D MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904 USA
SECRETARY	JULIE GREENHALGH	1 GRAY COACH LANE CRANSTON, RI 02921 USA
VICE PRESIDENT	DONNA MCDONALD	1800 D MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	SYLVIA WEBER	84 SHAW AVENUE CRANSTON, RI 02905 USA
DIRECTOR	RAQUEL PEREZ	166 VALLEY STREET REHOBOTH, MA 02769 USA
DIRECTOR	JACQUELINE INSANA	504 SWITCH ROAD WOOD RIVER JUNCTION, RI 02894 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**

CHARLES W. NORMAND, ESQ. 100 WESTMINSTER STREET, SUITE 1500 C/O HINCKLEY,
ALLEN & SNYDER LLP PROVIDENCE , RI 02903

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

Signed this 30 Day of May, 2024 at 4:18:17 PM 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 /DONNA M. POLICASTRO/
Signature of Authorized Person

Form No. 631
Revised 09/07

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