




State of Rhode Island  
Department of State - Business Services Division

JUN 24 2024  
119 DV

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 000026526		2. Exact name of the Corporation East Providence Area Chamber of Commerce, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813910					
6. Principal Office Address 1011 Waterman Ave			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Pamela Gaglia			Treasurer Name Linda Rodriguez		
Street Address 26 Bosworth St			Street Address 330 Swansea Mall Drive		
City Barrington	State RI	Zip 02806	City Swansea	State MA	Zip 02777
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 William Francis			Director Name Brendalee O'Hara		
Street Address 1275 Wampanoag Trail			Street Address 2400 Pawtucket Ave		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Director Name Erin Mallo			Director Name Joseph Lembo		
Street Address 5 South Angell St			Street Address 25 Catamore Blvd		
City Providence	State RI	Zip 0290	City East Providence	State RI	Zip 02915
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 <b>Pamela GAGLIA</b>					Date <b>6-18-24</b>
Signature of Officer/Authorized Representative 					

MAIL TO:  
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