



State of Rhode Island
Department of State - Business Services Division

STAMP

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 000039318		2 Exact name of the Corporation Rhode Island Inter-Local Risk Management Trust, Inc.			
3 State of Incorporation RI		5 Brief description of the character of business conducted in Rhode Island MUNICIPAL SELF-INSURANCE POOL - THERE IS NO FEE FOR ANY FILINGS FOR THIS ENTITY PURSUANT TO SECTION 45-5-20.1.			
4 NAICS Code 813990					
6 Principal Office Address 501 Wampanoag Trail, Suite 301			City East Providence	State RI	Zip 02915
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Ian C. Ridlon, Esq.			Vice-President Name N/A		
Street Address 501 Wampanoag Trail, Suite 301			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Colleen M. Bodziony			Treasurer Name Heather A. Sheley		
Street Address 501 Wampanoag Trail, Suite 301			Street Address 501 Wampanoag Trail, Suite 301		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name See Attached			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<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 Ian C. Ridlon, Esq.				Date May 17, 2024	
Signature of Officer/Authorized Representative 					

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

FILED
MAY 17 2024
BY No fee

RHODE ISLAND INTERLOCAL



RISK MANAGEMENT TRUST

BOARD OF TRUSTEES

(As of April 25, 2024)

CHAIR

Andrew E. Nota
Town Manager
Town of East Greenwich
125 Main Street, P.O. Box 111
East Greenwich, RI 02818
(401) 886-8665
(401) 886-8623 Fax
anota@eastgreenwichri.com

VICE CHAIR

Randy R. Rossi
Town Manager
Town of Smithfield
64 Farnum Pike
Smithfield, RI 02917
(401) 233-1010
(401) 233-1080 Fax
rrossi@smithfieldri.gov

MEMBERS

Joseph A. Balducci
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Cranston Public Schools
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Town Manager
Town of New Shoreham
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(401) 466-3219 Fax
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Stephanie Downey Toledo
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Central Falls School District
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Director of Administration and Finance
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Mayor
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Mark A. Knott (Col. Ret.)
Town Manager
Town of West Warwick
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Antonio A. Teixeira
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Ernest Almonte (ex-officio)
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