



**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.** 000797642

**2. Name of Corporation** STUDENT NURSES ASSOCIATION OF RHODE ISLAND

**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

813920

**4. Principal Office Address**

No. and Street: 27 METTATUXET ROAD

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: USA

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

CHARITABLE

**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
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TREASURER	ELIZABETH BLOOM	27 METTATUXET ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	ELIZABETH M. BLOOM	27 METTATUXET ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	MARIA PEZZILLO	400 EAST AVENUE WARWICK, RI 02886 USA
DIRECTOR	KRISTEN KICHEFSKI	1011 VETERANS MEMORIAL PKWY EAST PROVIDENCE, RI 02915 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**

ELIZABETH BLOOM 27 METTATUXET ROAD NARRAGANSETT , RI 02882

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

**Signed this 3 Day of July, 2024 at 10:02:23 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 ELIZABETH M BLOOM  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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