



State of Rhode Island
Department of State - Business Services Division

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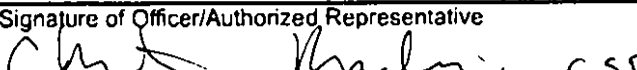
Annual Report for the year: 2025

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 000587411 | | 2. Exact name of the Corporation Rhode Island State Assembly of the Association of Surgical Technologists | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island To study, discuss and exchange professional knowledge, expertise and ideas in the field of surgical technology. To promote a high standard of surgical technology performance for quality patient care, to stimulate interest in continuing education for Surgical Technologists. | | | |
| 4. NAICS Code 813920 | | | | | |
| 6. Principal Office Address P.O Box 1166 | | | City Charlestown | State RI | Zip 02813 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Kimberly Mossman-Yee | | | Vice-President Name Melissa Campbell | | |
| Street Address 24 Oak Wood Dr | | | Street Address 38 Kristin Dr | | |
| City Charlestown | State RI | Zip 02813 | City Cranston | State RI | Zip 02921 |
| Secretary Name Kristin Pearce | | | Treasurer Name Linda E Deasley | | |
| Street Address P.O. Box 248 | | | Street Address 30 Swan Dr | | |
| City Wakefield | State RI | Zip 02880 | City Middletown | State RI | Zip |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Christine Madeira | | | Director Name Cathy Arruda | | |
| Street Address 126 Adrian St | | | Street Address 20 Coin St | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02889 |
| Director Name Monica Moss | | | Director Name | | |
| Street Address 164 Halleck Ave | | | Street Address | | |
| City Riverside | State RI | Zip 02813 | 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. | | | | | |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee. | | | | | |
| Name of Officer/Authorized Representative Christine Madeira | | | | | Date 11-19-24 |
| Signature of Officer/Authorized Representative  C.S.T. | | | | | FILED |

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

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BY LKS LBRV7Z