



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
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
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
Director Name Monica Moss		Director Name		
Street Address 164 Halleck Ave		Street Address		
City Riverside	State RI	Zip 02813	City	State
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 Christine Madeira				Date 11-19-24
Signature of Officer/Authorized Representative CST				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