



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

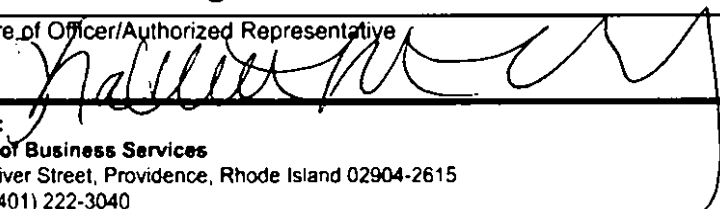
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD STAMP
FEB 18 2025
BY 1183 02

1. Entity ID Number 000029364		2. Exact name of the Corporation Rhode Island Bar Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Professional Association			
4. NAICS Code 813920					
6. Principal Office Address 41 Sharpe Drive			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Christopher A. Gontarz			Vice-President Name Pres-Elect Patrick A. Guida		
Street Address 41 Sharpe Drive			Street Address 41 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Holly R. Rao			Treasurer Name Dana M. Horton		
Street Address 41 Sharpe Drive			Street Address 41 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Richard P. D'Addario			Director Name Lynda L. Laing		
Street Address 41 Sharpe Drive			Street Address 41 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Armando E. Batastini			Director Name Kathleen M. Bridge		
Street Address 41 Sharpe Drive			Street Address 41 Sharpe Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Kathleen M. Bridge				Date February 13, 2025	
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