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State of Rhode Island
Department of State - Business Services Division

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BY 17833

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	2. Exact name of the Corporation
000029364	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	City	State	Zip
41 Sharpe Drive	Cranston	RI	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	Date
Kathleen M. Bridge	**February 13,2025**

Signature of Officer/Authorized Representative: Kathleen M. Bridge

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

FORM 631- Revised: 12/2023