



State of Rhode Island  
Department of State - Business Services Division

FILED

FEB 24 2025

BY

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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 000008877		2. Exact name of the Corporation The Rhode Island School Superintendents' Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island RISSA is a professional organization consisting of RI School Superintendents to improve the quality of education in the state of RI			
4. NAICS Code 813920					
6. Principal Office Address 2480 Post Road (Mailing PO Box 7791 War 02887)			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Supt James Erinakes, EWGr Sch Dept			Vice-President Name Supt Jeannine Nota-Masse		
Street Address 940 Nooseneck Hill Road			Street Address Crans Pub Sch 845 Park Ave		
City West Greenwich	State RI	Zip 02817	City Cranston	State RI	Zip 02910
Secretary Name Supt Ana Riley, Bristol Warren Sch Dept			Treasurer Name Donna Ottaviano, Exec Dir		
Street Address 235 High Street			Street Address EBEC 317 Market Street		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Thomas DiPaola Exec Dir RISSA			Director Name Timothy Ryan Lobbyist RISSA		
Street Address 388 Post Road			Street Address 71 Dianne Avenue		
City Westerly	State RI	Zip 02891	City Portsmouth	State RI	Zip 02871
Director Name Karen Tarasevich, Supt (Past President)			Director Name		
Street Address W War Pub Sch 10 Harris Avenue			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Donna M. Ottaviano, Ed.D. RISSA Treasurer</b>				Date <b>02-10-2025</b>	
Signature of Officer/Authorized Representative <i>Donna M. Ottaviano, Ed.D. RISSA Treasurer</i>					

## MAIL TO:

Division of Business Services

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