

## State of Rhode Island

## Department of State - Business Services Division

FILED

Annual Report for the year: **Non-Profit Corporation** 

2025

- → Filing period: February 1 May 1
- → Filing Fee: \$20.00
- → Filing Fee: \$20.00
  → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1 Entity ID Number 000008877	Exact name of the Corporation     The Rhode Island School Superintendents' Association				
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	RISSA is a professional organization consisting of RI School				
4. NAICS Code	Superintendents to improve the quality of education in the state of RI				
813920	ouperinteridents to improve the quanty of education in the state of N				
6. Principal Office Address			City	State	Zip
2480 Post Road (Mailing PO Box 7791 War 02887)			Warwick	RI	02886
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
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	<sup>Zip</sup> 02817	<sup>City</sup> 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	<sup>Zip</sup> 02809	<sup>City</sup> Warren	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Thomas DiPaola Exec Dir RISSA			Director Name Timothy Ryan Lobbyist RISSA		
Street Address 388 Post Road			Street Address 71 Dianne Avenue		
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	<sup>City</sup> Portsmouth	State RI	Zip U2ο/ ι
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	<sup>Zıp</sup> 02893	City	State	Zıp
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	
Donna M. Ottaviano, Ed.D. RISSA Treasurer				02-10-2025	
Signature of Officer/Authorized Representative Down M. Ottownor, Ed.D. RISSA Treasurer					

MAIL TO:

Division of Business Services

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