RI SOS Filing Number: 202567065160 Date: 3/14/2025 9:46:00 AM



State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

- 1. Corporate ID No. <u>000990702</u>
- 2. Name of Corporation ISC2 Rhode Island Chapter
- 3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

<u>813920</u>

4. Principal Office Address

No. and Street: 295 GRAND VIEW RD

City or Town: <u>EAST GREENWICH</u> State: <u>RI</u> Zip: <u>02818</u> Country: <u>USA</u>

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THIS IS THE OFFICIAL RI CHAPTER OF (ISC)2. MISSION STATEMENT: EDUCATION

-PROVIDING A FORUM FOR FURTHERING THE PROFESSIONAL GROWTH AND

UNDERSTANDING OF INFORMATION SECURITY TOPICS AND ISSUES, AND TO

PROVIDE MEMBERS AN OPPORTUNITY TO OBTAIN CPE CREDITS THROUGH

PARTICIPATING IN OUR EDUCATIONAL PROGRAMS. NETWORKING
CONNECTING INFORMATION SECURITY PROFESSIONALS WITH EACH OTHER FOR

COLLABORATION AND RESEARCH. COMMUNITY – FURTHERING THE AWARENESS

AND UNDERSTANDING OF SECURITY ISSUES AND CONTROL PRACTICES WITHIN

OUR LOCAL COMMUNITY.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MATTHEW R FERREIRA	68 GARVIN ST CUMBERLAND, RI 02864 USA
TREASURER	LISA B LAFLEUR	20 BETTYS WAY SEEKONK, MA 02771 USA
SECRETARY	PATRICK E MULLEN	295 GRAND VIEW RD EAST GREENWICH, RI 02818 USA
DIRECTOR	MATTHEW R FERREIRA	68 GARVIN ST CUMBERLAND, RI 02864 USA
DIRECTOR	PATRICK E MULLEN	295 GRAND VIEW RD EAST GREENWICH, RI 02818 USA
DIRECTOR	LISA B LAFLEUR	20 BETTYS WAY SEEKONK, MA 02771 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MATTHEW FERREIRA 68 GARVIN STREET CUMBERLAND, RI 02864

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of March, 2025 at 9:50:22 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LISA LAFLEUR

Signature of Authorized Person

Form No. 631 Revised 09/07

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