RI SOS Filing Number: 202567386120 Date: 3/18/2025 5:42:00 PM



# 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>001672744</u>
- 2. Name of Corporation Rhode Island Athletic Trainers Association
- 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>813940</u>

#### 4. Principal Office Address

No. and Street: <u>3 KEANEY ROAD</u>

SUITE ONE

City or Town: KINGSTON State: RI Zip: 02881 Country: USA

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

THE RHODE ISLAND ATHLETIC TRAINERS ASSOCIATION IS THE PROFESSIONAL MEMBERSHIP ASSOCIATION FOR CERTIFIED, RETIRED AND STUDENT ATHLETIC TRAINERS WHO SUPPORT THE PROFESSION IN THE STATE OF RHODE ISLAND. WE ARE A MEMBER ORGANIZATION OF THE NATIONAL ATHLETIC TRAINERS ASSOCIATION, DISTRICT ONE. WE ALSO ARE AN APPROVED PROVIDER WITHIN OUR CERTIFYING ORGANIZATION TO PROVIDE COST EFFECTIVE CONTINUING EDUCATION UNITS TO OUR MEMBERS.

#### 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
TREASURER	AMANDA MORAN	THREE KEANEY RD KINGSTON, RI 02881 USA
DIRECTOR	JEFFREY NADEAU	372 PURGATORY RD MIDDLETOWN, RI 02842 USA
DIRECTOR	KRISTINA KEDDIE	THREE KEANEY RD KINGSTON, RI 02881 USA
DIRECTOR	AMANDA MORAN	THREE KEANEY RD KINGSTON, RI 02881 USA
DIRECTOR	JENNIFER GALLANT	THREE KEANEY RD KINGSTON, RI 02881 USA
DIRECTOR	SHAWN PETRUZZI	THREE KEANEY RD KINGSTON, RI 02881 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

MICHELLE BARBER 3 KEANEY ROAD KINGSTON, RI 02881

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

**Signed this 18 Day of March, 2025 at 5:46:10 PM 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 MICHELLE BARBER

Signature of Authorized Person

Form No. 631 Revised 09/07

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