



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: 2025

1. Corporate ID No. 000028382

2. Name of Corporation R. I. INSTITUTE FOR LABOR STUDIES AND RESEARCH

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 [click here](#).

NAICS Code
610000

4. Principal Office Address

No. and Street: 1540 PONTIAC AVENUE
SUITE A

City or Town: CRANSTON State: RI Zip: 02920 Country: USA

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

THE PROVISION OF EDUCATION AND RESEARCH TO WORKING PEOPLE AND THEIR RESPECTIVE ORGANIZATIONS.

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
EXECUTIVE DIRECTOR	MICHAEL ROLES	1540 PONTIAC AVE SUITE A CRANSTON, RI 02920 USA
SECRETARY/TREASURER	PATRICK CROWLEY	194 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	PAUL ALVAREZ	11 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915 USA
DIRECTOR	MATTHEW GUNNIP	1258 ELMWOOD AVENUE UNIT #1 PROVIDENCE, RI 02907 USA
DIRECTOR	LYNN BLAIS	375 BRANCH AVENUE PROVIDENCE, RI 02904 USA
VICE CHAIRPERSON	PAUL MAC DONALD	514 COLWELL ROAD HARRISVILLE, RI 02830 USA
CHAIRPERSON	GEORGE NEE	194 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	TIM MELIA	278 SILVE SPRING STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL MCDONALD	1179 CHARLES STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MARIBETH CALABRO	356 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	KAREN HAZARD	194 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	MARY BARDEN	99 BALD HILL ROAD CRANSTON, RI 02920 USA
DIRECTOR	JESSE MARTIN	319 BROADWAY PROVIDENCE, RI 02909 USA
DIRECTOR	DENISE ROBINSON	PO BOX 40036 PROVIDENCE, RI 02940 USA
DIRECTOR	RONALD COIA	410 SOUTH MAIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	STEVEN MINICUCCI	1 DORRANCE PLAZA PROVIDENCE, RI 02903 USA
DIRECTOR	D. SCOTT MOLLOY	134 WHISPERING PINE WAY EXETER, RI 02822 USA
DIRECTOR	CHRISTOPHER BUFFERY	22 AMFLEX DRIVE CRANSTON, RI 02921 USA
DIRECTOR	PATRICK QUINN	319 BROADWAY PROVIDENCE, RI 02909 USA
DIRECTOR	MATTHEW TAIBI	121 BRIGHTRIDGE AVENUE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	FRANK FLYNN	356 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	GEORGE HEALY JR.	10 SYCAMORE DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	NANCY IADELUCA	319 BROADWAY PROVIDENCE, RI 02909 USA

DIRECTOR	MARIO BUENO	626 BROAD STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	KATHY MCELROY	1258 ELMWOOD AVENUE UNIT#1 PROVIDENCE, RI 02907 USA
DIRECTOR	LINDA MCDONALD	375 BRANCH AVENUE PROVIDENCE, RI 02816 USA
DIRECTOR	MICHAEL SABITONI	410 SOUTH MAIN STREET PROVIDENCE, RI 02903 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**

ROBERT DELANEY 1540 PONTIAC AVENUE, SUITE A CRANSTON , RI 02920

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

Signed this 29 Day of April, 2025 at 11:50:46 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 MICHAEL ROLES
Signature of Authorized Person

Form No. 631
Revised 09/07

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