**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.** 000031011

**2. Name of Corporation** Rhode Island Society for Respiratory Care

**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
813920

**4. Principal Office Address**

No. and Street: P.O. BOX 6645
City or Town: PROVIDENCE State: RI Zip: 02940 Country: USA

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

PROFESSIONAL ORGANIZATION FOR CONTINUING EDUCATION AND COMMUNITY AWARENESS

**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 | Address |
|---|---|---|

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | WILLIAM RIVELLI | 6 DENNISON STREET<br>JOHNSTON, RI 02919 USA |
| TREASURER | ROBERT GOODWIN | 15 ROSEBANK DRIVE<br>PROVIDENCE, RI 02908 USA |
| SECRETARY | SHANNON REGINE | PO BOX 6645<br>PROVIDENCE, RI 02940 USA |
| VICE PRESIDENT | STEPHEN SILLUP | PO BOX 6645<br>PROVIDENCE, RI 02940 USA |
| DELEGATE | MARISSA DIBIASE | PO BOX 6645<br>PROVIDENCE, RI 02940 USA |
| DELEGATE | JO-ANNE CURRIN | PO BOX 6645<br>PROVIDENCE, RI 02940 USA |
| DIRECTOR | MICHAEL J CARNEVALE | PO BOX 6645<br>PROVIDNCE, RI 02940 USA |
| DIRECTOR | KELLEY MARINO | PO BOX 6645<br>PROVIDENCE, RI 02940 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**

MICHAEL J. CARNEVALE RESPIRATORY CARE 164 SUMMIT AVENUE PROVIDENCE , RI 02906

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

**Signed this 11 Day of July, 2025 at 11:42:24 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 CARNEVALE
Signature of Authorized Person

Form No. 631
Revised 09/07