



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

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

FILED
STATE
APR 25 2022
BY *[Signature]*

1. Entity ID Number 000031142		2. Exact name of the Corporation Rhode Island Government Finance Officers Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Improve methods of state and municipal finance through educational forums.			
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>					
6. Principal Office Address Newport City Hall - 43 Broadway		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vacant			Vice-President Name Vacant		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name William Fazioli			Treasurer Name Carolyn J. Cleary		
Street Address City of East Providence 145 Taunton Ave.			Street Address Newport City Hall 43 Broadway		
City East Providence	State RI	Zip 02914	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Julie Goucher			Director Name Randy Rossi		
Street Address Town of Bristol 10 Court St			Street Address Town of Smithfield 64 Farnum Pike		
City Bristol	State RI	Zip 02809	City Smithfield	State RI	Zip 02917
Director Name Kathy Raposa			Director Name Joanna L 'Heureux		
Street Address Town of Barrington 283 County Rd			Street Address City of Pawtucket 137 Roosevelt Ave		
City Barrington	State RI	Zip 02806	City Pawtucket	State RI	Zip 02860
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Carolyn J. Cleary, RIGFOA Treasurer				Date 02/25/2022	
Signature of Officer/Authorized Representative <i>Carolyn J. Cleary</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov