



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 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 STAMP
 MAR 30 2023
 BY Y22 OS

1. Entity ID Number 31142		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 education 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) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Vacant			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name William Fazioli			Treasurer Name Carolyn Cleary		
Street Address RIIB 235 Promenade St. #110			Street Address Newport City Hall 43 Broadway		
City Providence	State RI	Zip 02908	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Randy Rossi			Director Name Joanna L'Heureux		
Street Address Town of Smithfield 64 Farnum Pike			Street Address RI Interlocal Trust 501 Wampanoag Tr		
City Smithfield	State RI	Zip 02917	City Riverside	State RI	Zip 02905
Director Name John Ward			Director Name Kathy Raposa		
Street Address Town of Lincoln 100 Old River Rd			Street Address Town of Barrington 283 County Rd		
City Lincoln	State RI	Zip 02865	City Barrington	State RI	Zip 02806
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				Date 3/27/23	
Signature of Officer/Authorized Representative Carolyn J. Cleary					

MAIL TO:
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