	State of Rhode		Fee: \$20.00	
<b>~</b>	Office of the Secre	-		
	148 W. River			
1416	Providence RI 02			
Non Brofit Corporation	(401) 222-3	040		
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 <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>				
1. Corporate ID No. 000031018				
2. Name of Corporation <u>THE RHODE ISLAND SOCIETY OF CERTIFIED PUBLIC</u> <u>ACCOUNTANTS</u>				
3. State of Incorporation				
State: <u>RI</u>				
ARTICLE III				
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>813920</u>				
4. Principal Office Address				
No. and Street: <u>40 SHARP</u>	<u>E DRIVE, UNIT 5</u>			
City or Town: <u>CRANSTO</u>	<u>N</u>	State: <u>RI</u> Zip: <u>02920</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
<u>A PROFESSIONAL MEMBERSHIP ASSOCIATION FOR CERTIFIED PUBLIC</u> <u>ACCOUNTANTS</u>				
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	
PRESIDENT	MELISSA D TRAVIS	40 SHARPE DRIVE, UNIT 5 CRANSTON, RI 02920 USA	
DIRECTOR	ALEJANDRO HAZERA	45 UPPER COLLEGE ROAD KINGSTON, RI 02881 USA	
DIRECTOR	DORYANNE HAMEL	144 WESTMINSTER ST, #5 PROVIDENCE, RI 02903 USA	
DIRECTOR	FAITH LAMPREY	5 OLD NASONVILLE ROAD BURRILLVILLE, RI 02830 USA	
CHAIR	EDWARD YAZBAK	501 GREAT ROAD, UNIT 106 NORTH SMITHFIELD, RI 02896 USA	
VICE CHAIR	MICHELE L FORCINO	1140 RESERVOIR AVE, LL2 CRANSTON, RI 02920 USA	
TREASURER	STUART BENTON	200 PROVIDENCE STREET WEST WARWICK, RI 02893 USA	
SECRETARY	JASON DAPONTE	50 HOLDEN STREET PROVIDENCE, RI 02908 USA	
PAST CHAIR	DANIEL BONNETTE	80 CITY SQUARE BOSTON, MA 02129 USA	
DIRECTOR	JONATHAN UCRAN	651 PUTNAM PIKE GREENVILLE, RI 02828 USA	
DIRECTOR	NORMAN LEBLANC	951 N MAIN ST, #3 PROVIDENCE, RI 02904 USA	
DIRECTOR	STACY NAKASIAN	321 S MAIN STREET, #400 PROVIDENCE, RI 02903 USA	
DIRECTOR	JEFFREY CASCIONE	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 USA	
DIRECTOR	BRIAN BARBER	BRIAN BARBER & ASSOCIATES 2190 MENDON ROAD CUMBERLAND, RI 02864 USA	
DIRECTOR	BOYD FOSTER	FEENEY, FOSTER & CAVANAGH CPAS, LLC 6 BLACKSTONE LINCOLN, RI 02865 USA	
DIRECTOR	DAVID FONTAINE	155 SOUTH MAIN ST, SUITE 100 PROVIDENCE, R 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

MELISSA TRAVIS 40 SHARPE DRIVE, UNIT 5 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 1 Day of May, 2023 at 7:53:37 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 <u>AMANDA IOVINI</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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