



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
MAY 15 2023
BY 1073
[Signature]

1. Entity ID Number 78271		2. Exact name of the Corporation RI ASSOCIATION OF ADMISSIONS OFFICERS	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island COLLEGE ADMISSION OFFICES	
4. NAICS Code 611310			
6. Principal Office Address PO BOX 6663		City PROVIDENCE	State R.I.
		Zip 02940	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name HEATHER VERMILLION		Vice-President Name BRIANNA MONTECALVO	
Street Address PO BOX 6663		Street Address PO BOX 6663	
City PROVIDENCE	State RI	City PROVIDENCE	State R.I.
Zip 02940		Zip 02940	
Secretary Name CATY HANSON		Treasurer Name AMANDA SCHNEIDER	
Street Address PO BOX 6663		Street Address PO BOX 6663	
City PROVIDENCE	State R.I.	City PROVIDENCE	State R.I.
Zip 02940		Zip 02940	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name HEATHER VERMILLION		Director Name BRIANNA MONTECALVO	
Street Address PO BOX 6663		Street Address PO BOX 6663	
City PROVIDENCE	State	City PROVIDENCE	State
Zip 02940		Zip 02940	
Director Name AMANDA SCHNEIDER		Director Name CATY HANSON	
Street Address PO BOX 6663		Street Address PO BOX 6663	
City PROVIDENCE	State	City PROVIDENCE	State
Zip 02940		Zip 02940	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 <i>AMANDA SCHNEIDER</i>			Date 05/12/23
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:
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Website: www.sos.ri.gov