



Annual Report for the year 2024
 Non-Profit Corporation

MAR 20 2024
 428

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

| | | | | | | | |
|---|--|--|------------------|--|--|------------------------|---------------------|
| 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 | | | | | | | |
| 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 | | | |
| Street Address | | | | Street Address | | | |
| City | | State | Zip | City | | State | Zip |
| Secretary Name William Fazioli | | | | Treasurer Name Carolyn Cleary | | | |
| Street Address RIB 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. Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | |
| 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:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov