



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: **2024**

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.

MAY 02 2024

BY 1223
[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 ADMISSIONS OFFICES			
4. NAICS Code 61310					
6. Principal Office Address PO BOX 6663			City PROVIDENCE	State RI	Zip 02940
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRIANNA MONTECALVO			Vice-President Name KELLY LAMOREAU		
Street Address PO BOX 6663			Street Address PO BOX 6663		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Secretary Name MITCHELL BURNS			Treasurer Name COLIN STAPLES		
Street Address PO BOX 6663			Street Address PO BOX 6663		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	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 BRIANNA MONTECALVO			Director Name COLIN STAPLES		
Street Address PO BOX 6663			Street Address PO BOX 6663		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Director Name MITCHELL BURNS			Director Name KELLY LAMOREAU		
Street Address PO BOX 6663			Street Address PO BOX 6663		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
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 Colin Staples					Date 4/29/24
Signature of Officer/Authorized Representative <i>Colin Staples</i>					

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