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State of Rhode Island
Department of State - Business Services Division

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.

1. Entity ID Number 101287		2. Exact name of the Corporation RING RETIREES ASSOCIATION	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO UPDATE AND IN FORM NATIONAL GUARDS OTHER MILITARY RETIREES AND ASSOCIATES OF CURRENT CHANGES	
4. NAICS Code (VETERANS ORGAN) 813410			
6. Principal Office Address 705 NEW LONDON AVE		City CRANSTON	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LUIGI D. STANZIALE		Vice-President Name JOHN H. RYAN	
Street Address 31 FORSYTH STREET		Street Address 53 CLIFFSIDE DRIVE	
City PROVIDENCE	State RI	City CRANSTON	State RI
	Zip 02908		Zip 02920
Secretary Name CAROLE C. ANGIOLANO		Treasurer Name HERVE E. PELLAND	
Street Address 46 BALLOU STREET		Street Address 205 LOUISE ST	
City CUMBERLAND	State RI	City WOODSOCKET	State RI
	Zip 02864		Zip 02895
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 PAUL D. VONA		Director Name ROBERT URQUHART	
Street Address 608 CENTRE OF NEW ENGLAND BLVD, UNIT 114		Street Address 101 CARRIAGE HILL ROAD	
City COVENTRY	State RI	City NORTH KINGSTOWN	State RI
	Zip 02816		Zip 02852
Director Name WILLIAM B. O'MARA		Director Name JOHN P. GALLO SR	
Street Address 123 TROY ST		Street Address 453 GROTTO AVE	
City RUMFORD	State RI	City PANTUCKET	State RI
	Zip 02916		Zip 02860
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 WILLIAM B O'MARA, DIRECTOR/REGISTERED AGENT			Date FEBRUARY 1, 2024
Signature of Officer/Authorized Representative <i>W B O'Mara</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sas.ri.gov