



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 2019 MAY 20 PM 12:19

SECRETARY OF STATE
 CORPORATIONS DIVISION
 2019 MAY 17 PM 1:09

1. Entity ID Number 000419333	2. Exact name of the Corporation Better Business Bureau, Inc.
3. State of Incorporation MA	5. Brief description of the character of business conducted in Rhode Island Trade Association - to be the leader in advancing marketplace trust.
4. NAICS Code 813910	

6. Principal Office Address 290 Donald Lynch Blvd., Suite 102	City Marlborough	State MA	Zip 01752
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Kevin J Sanders President & CEO		Vice-President Name NONE		
Street Address 38 O'Malley Road		Street Address NONE		
City Marlborough	State MA	Zip 01752	City NONE	State NONE
Secretary Name Kevin J Sanders President & CEO		Treasurer Name Robert J Dennehy		
Street Address 38 O'Malley Road		Street Address 13 Prentiss Place		
City Marlborough	State MA	Zip 01752	City Medfield	State MA

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>				
Director Name Vincent Spoto		Director Name Alan Schlosberg		
Street Address 80 Cypress Road		Street Address 175 Berkley Street		
City Wellesley	State MA	Zip 02481	City Boston	State MA
Director Name Sean Cutting		Director Name Jeremiah Johnston		
Street Address 100 Waverly Street Suite 8		Street Address 52 Raymond Ave.		
City Ashland	State MA	Zip 01721	City Somerville	State MA

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or any other duly authorized representative, Receiver or Trustee.

Name of Officer/Authorized Representative Kevin J. Sanders President & CEO	Date 5/15/2019
Signature of Officer/Authorized Representative <i>Kevin J. Sanders - Pres + CEO</i>	SIGN DOCUMENT HERE BY <i>JPK YSDH 12:22</i>

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

419333

DOUG WAYBRIGHT
17 BOUTWELL HILL ROAD
WESTFORD, MA 01886

NICK NEDZWECKAS
62 ROSE ST
REVERE, MA 02151

KEITH S. CRUMPTON
611 HIGH STREET #91
DEDHAM, MA 02027

CHANDRA LEARY-COUTU
23 FRONTIER DRIVE
PELHAM, NH 03076

DAVID MARGOLIS
374 SINGLETARY LANE
FRAMINGHAM, MA 01702

JAMES SHINER
14 ERWIN ROAD
NORTH READING, MA 02127

DANIEL SILVER
85 WELLS AVE.
NEWTON, MA 02459

RICK TAGLIENTI
227 ARLINGTON STREET
FRAMINGHAM, MA 01702

JOHN AMBROSINO
39 WEST WATER STREET
WAKEFIELD, MA 01880

WILLIAM BALL
197 CLARENDON ST # C6
BOSTON, MA 02116

MICHAEL GAVIN
1 FEDERAL ST. FL 2
BOSTON, MA 02110

LIZ GRAHAM
4 COPLEY PLACE SUITE 700
BOSTON, MA 02116

JUDITH LEARY
40 SPEEN STREET
FRAMINGHAM, MA 01701