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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No.	*2 Name of Corporation*		
29088	Volunteers of America of Rhode Island, Inc		
3 State of Incorporation	*4. Corporate address in Rhode Island -Street Address*	*City*	*Zip*
Rhode Island	10 Weybosset St.	Providence, RI	02903
5 Foreign corporation Enter principal office address		*City*	*State* / *Zip*
441 Centre Street		Jamaica Plain	MA 02130

6 Brief Description of the character of the affairs which are actually conducted in Rhode Island

Social and Human Services

7. NAMES AND ADDRESSES OF THE OFFICERS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	President Name	*Street Address*	*City*	*State*	*Zip*
	Thomas L. Bierbaum	36 Bonnie Briar Cirlce	Hingham	MA	02043
	Vice President Name	*Street Address*	*City*	*State*	*Zip*
	Newcomb Stillwell	986 High Street	Dedham	MA	02026
	Secretary Name	*Street Address*	*City*	*State*	*Zip*
	Joseph Freeman	346 Lee Street	Brookline	MA	02146
	Treasurer Name	*Street Address*	*City*	*State*	*Zip*
	Eric Segal	41 Cabot Street	Newton	MA	02458

8. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L 7-6-23

	Director Name	*Street Address*	*City*	*State*	*Zip*
	Jim Barry	20 Wedgemere Road	Beverly	MA	01915
	Director Name	*Street Address*	*City*	*State*	*Zip*
	Phil Chadwick	15 Castle Road	Norfolk	MA	02056
	Director Name	*Street Address*	*City*	*State*	*Zip*
	George Davitt	140 Abbott Road	Wellesley	MA	02481

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9. REGISTERED AGENT IN RHODE ISLAND ***-DO NOT ALTER-*** **Changes require filing of Form 641** ***-R.I.G.L 7-6-13 / 7-6-78***

Agent Name	*Address*	*City*	*Zip*
CT Corporation System	10 Weybosset St.	Providence, RI	02903

This report must be ***signed in ink*** *by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 29088 [redacted]

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

[redacted] 9/12/07
Signature of Officer *Date*

Thomas L. Bierbaum
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 631 Rev 6/02

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