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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 2007

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No
29088

2 Name of Corporation
Volunteers of America of Rhode Island, Inc.

3 State of Incorporation
Rhode Island

4 Corporate address in Rhode Island -Street Address
10 Weybosset St. , Providence, RI 02903

City *Zip*

5 Foreign corporation Enter principal office address
441 Centre Street

City Jamaica Plain *State* MA *Zip* 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
Thomas L. Bierbaum
Street Address
36 Bonnie Briar Cirlce
City Hingham *State* MA *Zip* 02043

Vice President Name
Newcomb Stillwell
Street Address
986 High Street
City Dedham *State* MA *Zip* 02026

Secretary Name
Joseph Freeman
Street Address
346 Lee Street
City Brookline *State* MA *Zip* 02146

Treasurer Name
Eric Segal
Street Address
41 Cabot Street
City Newton *State* MA *Zip* 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
Jim Barry
Street Address
20 Wedgemere Road
City Beverly *State* MA *Zip* 01915

Director Name
Phil Chadwick
Street Address
15 Castle Road
City Norfolk *State* MA *Zip* 02056

Director Name
George Davitt
Street Address
140 Abbott Road
City Wellesley *State* MA *Zip* 02481

City *State* *Zip*

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CORPORATIONS DIV

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
CT Corporation System
Address
10 Weybosset St.

Address
City Providence, RI *Zip* 02903

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

[redacted] 29088 [redacted]

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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

Signature of Officer *Date* 7/12/07

Thomas L. Bierbaum
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 631 Rev 6/02

13108-6-159683