



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02901-2615
(401) 222-3030

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 52920		2. Name of Corporation Caritas, Inc.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 166 Pawtucket Ave.,		City Pawtucket	Zip 02860
5. Foreign corporation. Enter principal office address			City	State RI	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name vacant			Vice President Name Michael Ricorvits		
Street Address			Street Address 111 Winchester Dr.		
City	State	Zip	City	State	Zip
			N. Scituate	RI	02857
Secretary Name Vacant			Treasurer Name Ann Brouillette		
Street Address			Street Address 45 Barrington Ave.		
City	State	Zip	City	State	Zip
			Barrington	RI	02806
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 Susan D. Wallace			Director Name Meredith M. Denno		
Street Address 166 Pawtucket Ave.			Street Address 166 Pawtucket Ave.		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
Director Name Richard Cipolla			Director Name		
Street Address 166 Pawtucket Ave.			Street Address		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860			
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 Susan D. Wallace			Address		
Address 166 Pawtucket Ave.			City Pawtucket	Zip 02860	

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



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File Date	FILED
Check No.	JAN 14 2008
By	By <u>2789</u>
FOR SECRETARY OF STATE USE ONLY	

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 Michael J. Ricorvits Date 12-11-07
Print or Type Name of Officer Michael Ricorvits
Title of Officer 1st Vice President