



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 02904-2615
401.222.3040

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. 000029893		2. Name of Corporation The Rhode Island Council of Business Providers for Children, Youth and Families, Inc	
3. State of Incorporation 501(C)(3)		4. Corporate address in Rhode Island - Street Address 55 S. Brow St	
		City E. Prov.	Zip 02914
5. Foreign corporation. Enter principal office address		City	State 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name William Reardon		Vice President Name Patricia St. Germain	
Street Address 31 King Charles Drive		Street Address 623 Atwells Ave, Suite 201-D	
City Portsmouth	State RI	City Providence	State RI
Zip 02871		Zip 02909	
Secretary Name Susan Furrado		Treasurer Name Eugene Cavaliere	
Street Address 70 Main St.		Street Address 63 Harmon Hill Rd	
City Taunton	State MA	City Chepachet	State RI
Zip 02780		Zip 02814	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 James R. Harris, Jr., Ph.D		Director Name John Farley	
Street Address 55 S. Brow St.		Street Address 55 Nope St.	
City E. Prov.	State RI	City Providence	State RI
Zip 02914		Zip 02904	
Director Name Manda Turminelli		Director Name Daniel O'Grady	
Street Address 55 S. Brow St.		Street Address 1055 N. Main St, PO Box 22832	
City E. Prov.	State RI	City Prov.	State RI
Zip 02914		Zip 02907	
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 James R. Harris, Jr., Ph.D		Address	
Address 55 S. Brow St.		City E. Providence	Zip 02914

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

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: William Reardon Date: 7/7/08
Print or Type Name of Officer: William Reardon
Title of Officer: Board Chair

File Date: **FILED**
Check No.: JUL 08 2008 12:28
By: By 062875 82:21
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