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 Resource 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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
William Reardon			Patricia St. Germain		
Street Address: 31 King Charles Drive			Street Address: 623 Atwells Ave. Suite 201D		
City: Portsmouth	State: RI	Zip: 02871	City: Providence	State: RI	Zip: 02909
Secretary Name: Susan Furtado			Treasurer Name: Eugene Cavaliere		
Street Address: 70 Main St.			Street Address: 63 Harmony Hill Rd		
City: Taunton	State: MA	Zip: 02780	City: Chepachet	State: RI	Zip: 02814

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			Director Name		
James R. Harris, Jr., Ph.D			Jaqa Farley		
Street Address: 55 S. Brow St.			Street Address: 55 Hope St.		
City: E. Prov.	State: RI	Zip: 02914	City: Providence	State: RI	Zip: 02906
Director Name: Amanda Tummirelli			Director Name: Daniel O'Grady		
Street Address: 55 S Brow St.			Street Address: 10 55 N. Main St, PO Box 22832		
City: E Prov.	State: RI	Zip: 02914	City: Prov.	State: RI	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

[redacted] [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.

William Reardon — 7/7/08
Signature of Officer — *Date*

William Reardon
Print or Type Name of Officer

Board Chair
Title of Officer

File Date	FILED m
Check No.	JUL 0 8 2008 12:28
By:	By 042875

FOR SECRETARY OF STATE USE ONLY

[redacted]

RECEIVED

Form 631 Rev. 12/06