



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 2009

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. 29962		2. Name of Corporation COMMUNITY RESOURCE CENTER FOR THE ELDERLY	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 133 MATHEWSON STREET	
		City PROVIDENCE	Zip 02903
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 SENIOR CENTER w/ a Meal Site			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name RAYMOND FAY		Vice President Name ROBERT MORROW	
Street Address 1047 EDDY STREET		Street Address 129 BAKER STREET	
City PROVIDENCE	State RI.	City PROVIDENCE	State RI.
Zip 02906		Zip 02905	
Secretary Name NATALIE AUSTIN		Treasurer Name JACQUIN THOMAS	
Street Address 500 ANGELL ST. Unit 401		Street Address 221 HOPE ST.	
City PROVIDENCE	State R.I.	City BRISTOL	State RI
Zip 02906		Zip 02809	
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 CHARLES GREENWOOD		Director Name KATHY KUSHNIR	
Street Address 72 PINE STREET		Street Address 76 WINSOR AVENUE	
City PROVIDENCE	State RI	City No-KINGSTON	State RI
Zip 02903		Zip 02852	
Director Name ANNA TUCKER		Director Name	
Street Address 137 Treasure Rd		Street Address	
City NARRAGANSETT	State R.I.	City	State
Zip 02882		Zip	
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

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

Date

RAYMOND FAY

Print or Type Name of Officer

PRESIDENT OF THE BOARD OF DIR.

Title of Officer

Form 631 Rev. 09/17

File Date	FILED	18:1
Check No.	JUN 03 2009	AIC
By:	By 91094	
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