



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 02904-2611  
401.222.3041

**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. 28749		2. Name of Corporation Providence Zen Center	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 99 Pound Road	
		City Cumberland	Zip 02864
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 James Kopcienski		Vice President Name James Binger	
Street Address 99 Pound Road		Street Address 99 Pound Road	
City Cumberland	State RI	Zip 02864	
Secretary Name James Kopcienski		Treasurer Name Richard Streitfeld	
Street Address 99 Pound Road		Street Address 536 Hope Street	
City Cumberland	State RI	Zip 02864	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		9. REGISTERED AGENT IN RHODE ISLAND	
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 Barbara Rhodes		Director Name Roberta Hoffman	
Street Address 133 Audobon Road		Street Address 150 Norwood Avenue, Apt. 1A	
City Warwick	State RI	Zip 02888	
Director Name Elizabeth Coombs		Director Name Roger Keyes	
Street Address 1463 Narragansett Boulevard		Street Address 1463 Narragansett Boulevard	
City Cranston	State RI	Zip 02905	

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

28749  
**FILED** 05:01 AM  
JUN 15 2009  
By: [Signature]  
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] 6/12/09  
Signature of Officer Date  
James Kopcienski  
Print or Type Name of Officer  
President  
Title of Officer