



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<br>27912                                                                                                                   |             | 2 Name of Corporation<br>Literacy Volunteers of Rhode Island                                       |                                         |                    |              |
| 3 State of Incorporation<br>Rhode Island                                                                                                     |             | 4 Corporate address in Rhode Island - Street Address<br>C/O John Teixeira, 55 Dorrance St. 5th Flr |                                         | City<br>Providence | Zip<br>02903 |
| 5 Foreign corporation. Enter principal office address<br>N/A                                                                                 |             |                                                                                                    |                                         | State<br>N/A       | Zip<br>N/A   |
| 6 Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>Promoting adult literacy                 |             |                                                                                                    |                                         |                    |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |             |                                                                                                    |                                         |                    |              |
| President Name<br>Kristen O'Grady                                                                                                            |             |                                                                                                    | Vice President Name<br>None             |                    |              |
| Street Address<br>216 Eighth Street                                                                                                          |             |                                                                                                    | Street Address<br>None                  |                    |              |
| City<br>Providence                                                                                                                           | State<br>RI | Zip<br>02906                                                                                       | City<br>None                            | State<br>None      | Zip<br>None  |
| Secretary Name<br>Antonio Teixeira                                                                                                           |             |                                                                                                    | Treasurer Name<br>John Teixeira         |                    |              |
| Street Address<br>1 Monti Circle                                                                                                             |             |                                                                                                    | Street Address<br>8 Plantation Drive    |                    |              |
| City<br>Johnston                                                                                                                             | State<br>RI | Zip<br>02919                                                                                       | City<br>Cumberland                      | State<br>RI        | Zip<br>02864 |
| 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<br>James B. Kirkpatrick                                                                                                        |             |                                                                                                    | Director Name<br>Elizabeth Galligan     |                    |              |
| Street Address<br>70 Jefferson Blvd                                                                                                          |             |                                                                                                    | Street Address<br>1240 Pawtucket Avenue |                    |              |
| City<br>Warwick                                                                                                                              | State<br>RI | Zip<br>02888                                                                                       | City<br>East Providence                 | State<br>RI        | Zip<br>02904 |
| Director Name<br>James Prescott                                                                                                              |             |                                                                                                    | Director Name                           |                    |              |
| Street Address<br>2 Charles Street                                                                                                           |             |                                                                                                    | Street Address                          |                    |              |
| City<br>Providence                                                                                                                           | State<br>RI | Zip<br>02904                                                                                       | City                                    | State              | 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

27912

|                                 |             |
|---------------------------------|-------------|
| File Date                       | FILED       |
| Check No.                       | SEP 22 2009 |
| By                              | SEP 22 2009 |
| 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 John Teixeira Date 9/22/09

Print or Type Name of Officer JOHN TEIXEIRA

Title of Officer TREASURER