

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 20 //

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.

permity jet by \$25.00.		
1. Corporate ID No.  2. Name of Corporation  FRICNOS OF THE	TOHNSTON SENIOR CTIZENS CENTER, INC	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	City	
R. I, 1291 HART F	ORD AVE, JOHNSTON 02919 City State Zip	
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		
THE OPERATION OF A SENIOR CITIZENS CENTER		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name AWTHONY TI ZOMPA	Vice President Name  ELLEN TREMENTOZZI	
Street Address 40 BEECHNUT DRIVE	Street Address 2 LOUD ST	
TOHNSTON R. L. Zip 02919	TOHNSTON State R.I., 210 2919	
Secretary Name CHRISTINE GIORGI	Treasurer Name ANTHONY TI ZOMPA	
Street Address 1015 SEVEN MILE RD,	Street Address 40 BEECHNUT DR,	
SCITUATE SLATE R.T. 2102831	Tothuston siare R. D 2919	
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) Control of the Director Name	ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name	
CAROLE FALLON	CHRISTINE GIORGI	
Street Address 9 WADE OR,	Street Address 10 15 SEVEN MILE RD.	
SMITHFIELD SLAVE RIT. 2402828	SCITUATE SLAVE I D2831	
Director Name ANTHONY T, ZomPA	Director Name ELLEN TREMENTOZZI	
Street Address 40 BEECHNUT DRI	Street Address & LOUD ST1	
TOHNSTON State R.T. Zip 02919 9. REGISTERED AGENT IN RHODE ISLAND	TOHNSTON State R. I Dag19	
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
File Date	statement contained herein are true and correct.
Check No. MAY 2 6 2011	Signature of Officer  ANTHONY TO MPA
ву: <b>ВУ</b>	Print or Type Name of Officer  PRESIDENT
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17