

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 substituted to the corporation of the corporati

penalty fee of \$25.00.		,g ,g ,	comment report wants	n use sime pres	inoca by ww (R.I.G.L. /-	0-91) is subject to a
1. Corporate ID No. 3/0/2	2. Name of Corporation Rhode Isl	and Social St	ridies Asso	cation	Inc.	
3. State of Incorporation R_T	4. Corporate address in 1	Rbode Island - Street Address R Ridge Rd	-	, <u>.</u>	Smith field	2ip 02917
5. Foreign corporation. Enter prin	ocipal office address		City		State	Zip
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode Isl	and			
7. NAMES AND ADDRESSES	S OF THE OFFICERS	: ("X" BOX FOR ATTACH		N SPACES BI	FORE USING ATTACH	IMENTS
L bsenh I	MANREN WHALEN SPAIGHT					
Street Address Ferrier Drive			Street Address PLEAS ANT ST			
City Warwick		07826		PORD	State RT	02916
Diane R. Morel			PATRICIA JARVIS			
Street Address 45 Thames St N202			Street Address 148 WARWICK ST			
BRISTOL	State RI	^{Zip} 02809	City Ubons	ocket	State RI	C2895
THE NUMBER OF DIRECTO	OF THE DIRECTOR ORS OF A DOMESTIC	S: ("X" BOX FOR ATTAC C (RHODE ISLAND) C			EFORE USING ATTACH E LESS THAN THREE	
MARIE F	Director Name DR JAMES BETRES					
Street Address 16 ALPIN	E RIDGE	RD	Street Address	BLADB	URY ST	
	State RI	C2917	WARRE	EN	State 2	62885
DIRECTOR NAMED & MORGAN GREFE			JOAN FOLEY			
Street Address 1+5, 110 Benovalent 5+			Street Address 74 BENSON ANE			
Providence 9. REGISTERED AGENT IN I	RHODE ISLAND	^{Zip} 0290(City	CK	State LI	0298F
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						

FILED	Under penalty of perjury, I do report, including any accompa statements contained herein at
e Date	Signature of Officer
341	Print or Type Name of Officer Plasican
FOR SECRETARY OF STATE USE ONLY	

clare and affirm that I have examined this nying schedules and statements, and that all e true and correct.