



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 2011

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. 30178		2. Name of Corporation The Whitamarsh Corporation			
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 1055 North Main Street		City Providence	Zip 02904	
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 Rehabilitative Services for Adolescents					
7. Officers and Directors of the Corporation					
President Name Mrs. Noreen Shawcross		Vice President Name Mr. Christopher Pepper			
Street Address 70 Wolfe Road		Street Address 525 Daggett Avenue			
City Narragansett	State RI	Zip 02882	City Pawtucket	State RI	Zip 02860
Secretary Name Mr. Frank Santos		Treasurer Name Mr. John Barry			
Street Address 141 Dexterdaled Road		Street Address 118 Division Street			
City Providence	State RI	Zip 02904	City Pawtucket	State RI	Zip 02860
8. Names and Addresses of the Directors					
Director Name Rev. Clyde Walsh		Director Name Mr. Ryan Kershaw			
Street Address 964 Main Street		Street Address 185 Argol Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Mr. Scott Otis		Director Name			
Street Address P.O Box 82		Street Address			
City Monument Beach	State MA	Zip 02553	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

FILED

JUN 27 2011

BY

147363

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.

Noreen W. Shawcross 6/23/11
Signature of Officer Date
Noreen W. Shawcross
Print or Type Name of Officer
President
Title of Officer

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	