

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 20/1 401.2 Filing Period: 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.

<u> </u>						
1. Corporate ID No. 3237	2. Name of Corporation DLCOE	tel-n.in	EMPLOYEE &	CCICTAN	UF PROGE	RAM tre.
3. State of Incorporation	4. Corporate address in R	bode Island - Street A	Address	City	-12 111001	Ζip
RHODE ISLAND	300 CENTER	VILLE ROAL	Address 0, SUITE 301 SO City	UTH WI	exuick	02886
5. Foreign corporation. Enter pr	incipal office address		City	State		Zψ
6. Brief Description of the characte	er of the affairs which are act	ually conducted in Rl	bode Island			
EMPLOXEE	ASSISTAN	LE PROG	KAM			
7. NAMES AND ADDRESS	ES OF THE OFFICERS	("X" BOX FOR A	TTACHMENT) 🔲 FILL IN S	SPACES BEFOR	E USIŅG ATTACI	HMENTS
President Name	Vice President Name	Vice President Name				
NORMA	KARL	KARL A. KOZAK				
Street Address 3 BR10614A	Street Address 43 HIW	Street Address 43 KINKRIDUE ROAD				
3 BRIDGIFA CHY EAST- PROV.	State 人・土・	Zip 02915	WEST POR	State	MA.	02790
Secretary Name MICHAEL	_	_	Treasurer Name	LD B.	TAMUL	E
Street Address 36 Wiv	L LOURT		Street Address 38 T/M	BER LAN	D PRIV	E
RumFokD	State 人·土。		38 t/m.			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIREC	TORS OF A DOMESTI	C (RHODE ISLA		ALL NOT BE LE	ISS THAN THRE	<u>B</u> (3). R.I.G.L. 7-6-23
Director Name KEITH	A. LEDVE	cp2	Director Name ROBER	t 6- 1	ETREA	ULT
Charact Addmona			Street Address 525 RE	SERVOI	R ROP	<i>p</i>
951 NOR: PROVIDENCE	State R. T.	Zip 02-90 1	1 PASCOAL	Sta	R-T.	62859
Director Name	A. Motta		Director Name	icia i	-Xons	-
Street Address HOLDE	Street Address 235 K	235 KILVERT STREET				
PROVIDENCE			8 WARWIZ	K Sta	R-I.	Zip 02.886
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently	y of record in the Office	e of the Secretary	of State. Changes require fi	ling of Form 641	- R.I.G.L. 7-6-13	77-6-78
This report m	ust be signed by either	the President, Vi	ce President, Secretary, As	sistant Secretar	y, Treasurer, Rece	iver or Trustee

FILED	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 JUN 28 2011	statements contained herein are true and correct. a (a ley 6 a b a b b b b b c c c c c
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer ### PRESIDENT, BORKD OF DIRECTORS Title of Officer



Rhode Island Employee Assistance Program Board of Directors

Gregory Dias, Esq. Board Member 349 Warren Avenue East Providence, RI 02914

Lisa Bergeron Board Member 28 Cedarwood Lane Hope Valley , RI 02832

FILED

JUN 28 2011

BY 32377

vf_____