

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

2011 401.222.3040

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.

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1. Corporate ID No.		2. Name of Corporation					
71579	East Bay R	East Bay RSVP (Retired Senior Volunteer Program)					
3. State of Incorporation	1	dress in Rhode Island - Street	Address	City	Zip		
RHODE ISLAND	610 Waterr	man Ave		East Providence	02914		
5. Foreign corporation. Enter principal office address			City	State	Zip		
N/A							
6. Brief DyeCription of the chara	icter of the affairs whic	b are actually conducted in k	Phode Island				
	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPACE	S BEFORE USING ATTACK	IMENTS		
President Name			Vice President Name				
	cia Gerstein		Nancy Stevens				
Street Address			Street Address				
12 Rhodes Avenue			37 Beaumont Street				
City	State	Zip	City	State	Zip		
Riverside	RI	02915	Rumford	RI	02916		
Secretary Name	o Decelor.		Treasurer Name				
	a Bradley	· · · · · · · · · · · · · · · · · · ·	Margaret Pereira				
Street Address	in a Duis a		Street Address				
122 Viking Drive			26 Haile Street				
Chy	State	Zip	City	State	Zip		
Portsmouth	RI	02871	Warren	RI	02885		
			ATTACHMENT) FILL IN SPACE				
	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL NO	<u>OT BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Gloria Radway			Katherine Savage				
Street Address			Street Address				
14 Drowne Parkway			126 Thurston Street				
Сну	State 	Zip	City	State	Zip		
Rumford	RI	02916	East Providence	RI	02915		
Director Name Ma i	rie Andrade		Director Name	at Thomas			
Street Address			Street Address				
112 Hazard Avenue			157 Wilmarth Avenue				
City	State	Zip	City	State	Zip		
East Providence	RI	02914	East Providence	RI	02914		
9. REGISTERED AGENT		iD .		113	1 020 17		
I his information is current	tly of record in the	Office of the Secretary of	of State. Changes require filing of F	Form 641 - R.I.G.L. 7-6-13/7-	-6-78		
This report in	ust be signed by	either the President. Vic	e President, Secretary, Assistant	Secretary Treasurer Receiv	er or Trustee		

	71579 FILED
File Date	JUL 07 2011
Check No	BY III
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I hav report, including any accompanying schedules and statem	
statements contained herein are true and correct.	
marcia Gentein	7/1/11
Signature of Officer	Date
Marcia Gerstein	
Print or Type Name of Officer	
President	
Title of Officer	