

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. 2. Name of Corporation 128702 The R. I. Minority Elder Task Force, Inc. 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Rhode Island 5 Leahy Street Rumford 02916 5. Foreign corporation. Enter principal office address City State 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Lori Brennan Almeida Maria Barros Street Address Street Address 30 Ivan Avenue 334 East Avenue City State State East Providence R.I. 02914 Pawtucket RI 02860 Secretary Name Treasurer Name Louise Cadieux Susan Sweet Street Address Street Address 651 Putman Pike 5 Leahy Street State Z_{iD} State Zip Greenville lrı 02828 Rumford RI 02916 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) CORPORATION <u>SHALL NOT BE LESS THAN THREE</u> (3). R.I.G.L. 7-6-23 Director Name Lori Brennan Almeida Louise Cadieux Street Address Street Address 30 Ivan Avenue 651 Putnam Pike City State Ζip City State Zib **East Providence** RI 02914 Greenville RI 02828 Director Name Director Name Susan Sweet Maria Barros Street Address Street Address 5 Leahy Street 334 East Avenue City State ZipCity State Zip Rumford RI 02916 Pawtucket RI 02860 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

128702	Under penalty of perjury, I declare and affirm t report, including any accompanying schedules ar
File Date	statements contained herein are true and correct. Signature of Officer Supplying Schedules are statements contained herein are true and correct. Signature of Officer
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Treasure Title of Officer

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