



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000045222

2. Name of Corporation Rhode Island Directors Association for Senior Citizens Programs, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: WOONSOCKET SENIOR CENTER
84 SOCIAL STREET

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO WORK IN PURSUIT OF PROGRAM DEVELOPMENT, FUNDING AND
IMPLEMENTATION OF SENIOR SERVICES STATEWIDE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JILL ANDERSON	745 RATHBUN STREET BLACKSTONE, MA 01504 USA
TREASURER	DON L. REYNOLDS	54 STATE STREET WESTERLY, RI 02891 USA
SECRETARY	ERIN MCANDREW	1214 KINGSTOWN RD WAKEFIELD, RI 02879 USA
VICE PRESIDENT	MARY LOU MORIN	420 MAIN STREET PAWTUCKET, RI 02860 USA
DIRECTOR	KAREN RYAN	4887 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
DIRECTOR	BOB ROCK	30 KENT AVENUE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	KAREN A. TESTA	26 FORESTVIEW DRIVE NORTH PROVIDENCE, RI 02904 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KATHLEEN CARLAND NORTH KINGSTOWN SENIOR CENTER 10 BEACH STREET NORTH KINGSTOWN
, RI 02852

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 15 Day of May, 2012 at 10:20:23 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DON L. REYNOLDS
Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☒ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07