



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29687		2. Exact name of the Corporation Rhode Island Child Service			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non Profit Social Service Agency			
5. Principal office address 153 Summer Street			City Providence	State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Kimberly I. McCarthy, Esq.			Vice-President Name Maureen Gurghigian		
Street Address 101 Sleepy Hollow Drive			Street Address 11 Mitris Boulevard		
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
Secretary Name Eva C. Hulse Avila			Treasurer Name Michael DiSandro		
Street Address 61 Tappan Street			Street Address 25 Kenton Avenue		
City Providence	State RI	Zip 02908	City Rumford	State RI	Zip 02916
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Allen A. Akinola			Director Name William J. Allen		
Street Address 14 Whitehall Street			Street Address 710 Nate Whipple Highway		
City Providence	State RI	Zip 02909	City Cumberland	State RI	Zip 02864
Director Name Mary Cram			Director Name Doris Stearn Donovan		
Street Address 39 Follett Street			Street Address 229 Medway Street, Apt. 307		
City Cumberland	State RI	Zip 02864	City Providence	State RI	Zip 02906
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date _____

JUN 21 2012

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

By 173144
OS

Kimberly J. McCarthy
6/12/12
Chairman

Rhode Island Child Service
Board of Directors
2012 – 2013

Chairman: Kimberly I. McCarthy, Esq.
Vice Chairman: Maureen Gurchigian
Treasurer: Michael DiSandro
Assistant Treasurer: John D. Cregan
Secretary: Eva C. Hulse-Avila

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Officers are elected at Annual Meeting for a one year term.

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Revised: 6.7.12