



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. <u>236884</u>		2. Exact name of the Corporation <u>Partnership for Families, Inc.</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To provide a continuum of human, social, mental health and/or medical services.</u>			
5. Principal office address <u>134 Thurbers Avenue</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02905</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Dale Klatzker</u>		Vice-President Name <u>Margaret Holland McDuff</u>			
Street Address <u>c/o The Providence Center, 520 Hope St</u>		Street Address <u>c/o Family Service of RI, 134 Thurbers Ave</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
Secretary Name <u>Joanne McGunagle</u>		Treasurer Name <u>David Caprio</u>			
Street Address <u>c/o CCAP, 311 Doric Avenue</u>		Street Address <u>c/o Children's Friend + Service, 153 Summer St</u>			
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Brother Michael Reis</u>		Director Name <u>Channavy Chhay</u>			
Street Address <u>c/o Tides Family Services, 215 Washington</u>		Street Address <u>c/o SEDX-SEA, 270 Elmwood Ave</u>			
City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name <u>Peter D. Lee</u>		Director Name			
Street Address <u>c/o John Hope Settlement House, 7 Thomas P. Whitten</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip
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

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 05/2012

FILED

JUN 22 2012

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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

Margaret Holland McDuff
Print or Type Name of Officer

Vice President
Title of Officer