



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. 27291		2. Exact name of the Corporation Big Brothers of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Mentoring fatherless boys			
5. Principal office address 3300 Pawtucket Avenue		City East Providence	State RI	Zip 02915	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph C. Manera			Vice-President Name Matthew T. Zarrella		
Street Address 1062 Reservoir Avenue			Street Address 140 Mourning Dove Drive		
City Cranston	State RI	Zip 02910	City Saunderstown	State RI	Zip 02874
Secretary Name Chantry Marchand			Treasurer Name Michael F. Canole		
Street Address 66 Fairview Avenue			Street Address 150 Summit Drive		
City Rehoboth	State MA	Zip 02769	City Cranston	State RI	Zip 02920
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 Robert Burns			Director Name Alan Hochman		
Street Address 51 Moorland Avenue			Street Address 849 Hope Street		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02906
Director Name Donald E. Cummings			Director Name Michael F. Canole		
Street Address 113 Hybrid Drive, #12			Street Address 150 Summit Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 _____

FILED

Check No _____

AUG 17 2012

By: _____

FOR SECRETARY OF STATE USE ONLY

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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.

Joseph C. Manera 7/12/12
 Signature of Officer _____ Date

Joseph C. Manera
 Print or Type Name of Officer _____

President
 Title of Officer _____