



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. 99279		2. Exact name of the Corporation Human Development Center of Greater Woonsocket			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Bring together services, programs and resources for the citizens of greater Woonsocket			
5. Principal office address 340 So Main St			City Woonsocket	State RI	Zip 02895
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jeffrey C Thomas			Vice-President Name Christian Stephens		
Street Address 340 So Main St			Street Address 55 Cummings Way		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Alfreda McGhee			Treasurer Name Carol Chattman		
Street Address 23 Richland Rd			Street Address 69 Merida Ave		
City Cranston	State RI	Zip 02910	City Woonsocket	State RI	Zip 02895
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 Sammy C Vaughan			Director Name Willie J Barr		
Street Address 228 Campeau St			Street Address 643 Mendon Rd		
City Woonsocket	State RI	Zip 02895	City No Smithfield	State RI02896	Zip
Director Name MC Farrow			Director Name Albert J Crawford		
Street Address 201 Maple St			Street Address 45 Lillian Ave		
City Woonsocket	State RI	Zip 02895	City Rumford	State RI	Zip 02916
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

FILED
 AUG 21 2012

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 **8/20/2012**
 Print or Type Name of Officer
Carol Chattman, Treasurer
 Title of Officer

Attachment

Human Development Center of Greater Woonsocket
ID #99279
Directors

Gwendolyn Vaughan
228 Campeau St
Woonsocket, RI 02895

Josephine Byrd
91 Priscilla Rd
Woonsocket, RI 02895

Sharon Harmon
579 Bernon St
Woonsocket, RI 02895

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