

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 2013

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

| | | | BY JULY 30 WILL RESULT IN A | \ \$25.00 PENALT | Y FEE. | | |
|---|--------------------|--|--|-----------------------|---------------------|--|--|
| 1. Entity ID No. | 3 | 2. Exact name of the Corporation | | | | | |
| 31862 | Domest | Domestic Violence Resource Center of South County | | | | | |
| 3. State of Incorporation | 4. Brief des | Brief description of the character of business conducted in Rhode Island | | | | | |
| Rhode Island | | | violence advocacy - helpline-drop-in center; court advocacy; referral, supc er for women and their children fleeing domestic violence situation | | | | |
| 5. Principal office address 61 Main Street | ! | | City Wakefield | State RI | Zip 02879 | | |
| S. LIST ALL OFFICERS (NA | AMES AND ADDI | RESSES) ("X" BOX FO | OR ATTACHMENT) | • | | | |
| President Name | | | Vice-President Name | Vice-President Name | | | |
| Martha P. Whittier | Martha P. Whittier | | | Kelly E. Cummings | | | |
| Street Address | | | Street Address | | | | |
| 125 Winchester Drive | • | | 20 Point Judith Road | | | | |
| City | State | Ζiρ | City | State | Zip | | |
| Wakefi e ld | RI | 02879 | Narragansett | RI | 02882 | | |
| Secretary Name | - | | Treasurer Name | Treasurer Name | | | |
| Susan D. Mandel | | | David C. Ruppell | | | | |
| Street Address 48 Westmoreland Str | | | Street Address 1130 Ten Rod Road Building B #101 | | | | |
| City | State | Zip | City | State | Zip | | |
| Narragansett | RI | 02882 | North Kingstown | RI | 02852 | | |
| 7. LIST <u>ALL</u> DIRECTORS (I ("X" BOX FOR ATTACHI | NAMES AND ADD | DRESSES). RHODE IS | LAND CORPORATIONS <u>MUST</u> L | IST NO LESS THAN | THREE (3) DIRECTO | | |
| Director Name | | | Director Name | | | | |
| Betsy C. Wisehart | | | Thomas D. Goldberg | | | | |
| Street Address | | | Street Address | | | | |
| 1767 South Road | | | 226 Cottage Street | | | | |
| City | State | Zip | City | State | Zip | | |
| Kingston | RI | 02881 | Pawtucket | RI | 02860 | | |
| Director Name | | | Director Name | | | | |
| Kathleen Ellis | | | Carol G. Cimilluca | | | | |
| Street Address | | | Street Address | | | | |
| 243 Silver Lake Aveni | ne | | 25 East End Avenue | Apt. 1A | | | |
| City | State | Z ip | City | State | Zip | | |
| Wakefield | RI | 02879 | New York | NY | 10028 | | |
| I. REGISTERED AGENT IN | | | | | | | |
| This information is current | ly of record in th | e Office of the Secret | ary of State. Changes require filin | g Form 641. | | | |
| This report must b | oe signed by eithe | r the PFILED | resident, Secretary, Assistant Secre | tary, Treasurer, Recu | eiver or Trustee | | |

| | MAY 1 3 2013 | Under penalty of perjury, I declare and affirm th | | |
|---------------------------------|-----------------|---|--------|--|
| File Date | _ | this report, including any accompanying sched and that all statements contained herein are tru | | |
| Check No | -B <u>y MNC</u> | Matto Profitte | 5-9-13 | |
| Ву: | - Ma #-11945 | Signature of Officer | Date | |
| FOR SECRETARY OF STATE USE ONLY | | Martha P. Whittier | | |
| FOR SECRETARY OF STATE USE C | MALY | Print or Type Name of Officer | | |
| Form No. 631 | | President | | |
| Revised: 05/2012 | | Title of Officer | | |