



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

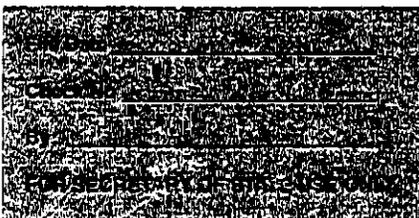
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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

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

1. Entity ID No. 00071043		2. Exact name of the Corporation Rhode Island Council on Prostate Cancer, Inc	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island INFORM & EDUCATE ON PROSTATE CANCER	
5. Principal office address PO Box 6551		City PROVIDENCE	State RI
		Zip 02940	
President Name MARTY MADDEN		Vice-President Name HENRY LESIEN	
Street Address 131 FORDSON AVE #10		Street Address 124 Hillside Ave	
City CRASTON	State RI	City PROVOKET	State RI
Zip 02910		Zip 02861	
Secretary Name BETHANY LEWIN		Treasurer Name PAUL ROCCHIO	
Street Address 262 PONTIAC AVE		Street Address 1025 PARK AVE	
City CRASTON	State RI	City CRASTON	State RI
Zip 02910		Zip 02910	
DIRECTORS			
Director Name ALG ROUC		Director Name DAVID DEAN	
Street Address 114 BELVEDERE DR		Street Address 35 Piedmont ST	
City CRASTON	State RI	City CRASTON	State RI
Zip 02920		Zip 02910	
Director Name KEN MAC GREGGIAN		Director Name	
Street Address 33 SARATOGA AVE		Street Address	
City PROVOKET	State RI	City	State
Zip 02861		Zip	
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

MAY 29 2013

BY ME.214992

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 [Signature] Date 5/29/13

Print or Type Name of Officer MARTY MADDEN

Title of Officer President

Form No. 631
Revised: 05/2012