



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. 33706		2. Exact name of the Corporation Problem Pregnancy of Providence, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Pregnancy Testing and Counseling			
5. Principal office address 400 Atwells Avenue		City Providence	State RI	Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David O'Connell			Vice-President Name Kenneth Garrepy		
Street Address 229 Brightridge Avenue			Street Address 270 Douglas Turnpike		
City East Providence	State RI	Zip 02914	City Harrisville	State RI	Zip 02830
Secretary Name Ann Duchesne			Treasurer Name David O'Connell		
Street Address 154 Terrace Avenue			Street Address 229 Brightridge Avenue		
City Cumberland	State RI	Zip 02864	City East Providence	State RI	Zip 02914
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Louis Hakeem			Director Name Daniel Harrop, MD		
Street Address 25 Highland Court			Street Address P.O. Box 603364		
City Tiverton	State RI	Zip 02878	City Providence	State RI	Zip 02906
Director Name Kenneth Garrepy			Director Name Michael Casey		
Street Address 270 Douglas Turnpike			Street Address 756 North Main Road		
City Harrisville	State RI	Zip 02830	City Jamestown	State RI	Zip 02835
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

FILED

JUN 14 2013

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 David O'Connell Date 6-11-13

David O'Connell

Print or Type Name of Officer

President

Title of Officer

Corporate ID No. 33706

**Attachment to
2013 Rhode Island Non-Profit Annual Report for
Problem Pregnancy of Providence, Inc.**

Additional Directors:

James Gilcreast
35 Jacksonia Drive
North Providence, RI 02911

William Munroe
195 Wolf Rock Road
Exeter, RI 02822

Louise Muzaca
140 North Court
Tiverton, RI 02878

FILED

JUN 14 2013

By *mmc*
JD # 33706