



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2013

**1. Corporate ID No.** 000031134

**2. Name of Corporation** Senior Companion Program of Rhode Island, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 74WEST ROAD, HAZARD BUILDING

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO AID AND ASSIST THE ELDERLY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONY T ZOMPA	1291 HARTFORD AVENUE JOHNSTON, RI 02919 USA
VICE PRESIDENT	TERESA PALMER	52 CLARK MILL STREET COVENTRY, RI 02816 USA
VICE PRESIDENT	PAULLA M LIPSEY	22 FAIR OAKS DRIVE

		LINCOLN, RI 02865 USA
DIRECTOR	MARY LOUISE GAMACHE	50 VALLEY STREET PROVIDENCE, RI 02909 USA
DIRECTOR	WILMA HOLLAND	137 LENOX AVE PROVIDENCE, RI 02907 USA
DIRECTOR	JENNIFER KILROY	1516 ATWOOD AVENUE JOHNSTON, RI 02919 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PAULLA M. LIPSEY 22 FAIR OAKS DRIVE LINCOLN , RI 02865

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.**

**Signed this 17 Day of June, 2013 at 2:57:25 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANTHONY T. ZOMPA  
Signature of Officer of the Corporation

President or  Vice President or  Secretary or  Assistant Secretary or  
 Treasurer or  Receiver or  Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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