



**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.<br><b>794928</b>   |                    | 2. Exact name of the Corporation<br><b>Provider Council of Rhode Island</b>  |  |                     |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>To advocate for all individuals &amp; their families who receive or desire to receive human services or funding &amp; agencies that provide human services to individuals from any governmental health or human services agency.</b> |  |                     |                     |
| 5. Principal office address<br><b>c/o St. Peter &amp; Kasle, Four Richmond Square, Suite 100</b>  |                    | City<br><b>Providence</b>  | State<br><b>RI</b>                                       | Zip<br><b>02906</b> |                     |
| <b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |  |  |                     |                     |
| President Name<br><b>Peter Quattromani</b>  |                    |  | Vice-President Name<br><b>Christine Gadbois</b>          |                     |                     |
| Street Address<br><b>200 Main Street</b>  |                    |  | Street Address<br><b>30 Cumberland Street, 4th Floor</b> |                     |                     |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b> | Zip<br><b>02860</b>  | City<br><b>Woonsocket</b>                                | State<br><b>RI</b>  | Zip<br><b>02895</b> |
| Secretary Name  |                    |  | Treasurer Name   |                     |                     |
| Street Address  |                    |  | Street Address   |                     |                     |
| City  | State              | Zip  | City   | State               | Zip                 |
|   |                    |  |  |                     |                     |
| <b>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"/></b> |                    |  |  |                     |                     |
| Director Name<br><b>Peter Quattromani</b>   |                    |  | Director Name<br><b>Christine Gadbois</b>                |                     |                     |
| Street Address<br><b>200 Main Street</b>  |                    |  | Street Address<br><b>30 Cumberland Street, 4th Floor</b> |                     |                     |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b> | Zip<br><b>02860</b>  | City<br><b>Woonsocket</b>                                | State<br><b>RI</b>  | Zip<br><b>02895</b> |
| Director Name<br><b>Anthony Vellucci</b>  |                    |  | Director Name<br><b>Catherine McGillivray</b>            |                     |                     |
| Street Address<br><b>93 Airport Rd.</b>   |                    |  | Street Address<br><b>11 Knight St., Building B6</b>      |                     |                     |
| City<br><b>Westerly</b>   | State<br><b>RI</b> | Zip<br><b>02981</b>  | City<br><b>Warwick</b>                                   | State<br><b>RI</b>  | Zip<br><b>02860</b> |
| <b>8. REGISTERED AGENT IN RHODE ISLAND</b>  |                    |  |  |                     |                     |
| 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 20 2013**

BY 197

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

**Peter Quattromani**

Print or Type Name of Officer

**President**

Title of Officer

6/19/13  
Date

File Date

Check No

By:

**FOR SECRETARY OF STATE USE ONLY**

Provider Council of Rhode Island Directors  
Attachment to 2013 Annual Report  
Page Two

John DiMarco  
158 Knight Street  
Warwick, Rhode Island 02886

Joseph Onyejose  
349 Centerville Road, Suite 6  
Warwick, RI 02886

**FILED**

**JUN 20 2013**

BY 794928