



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. 31324		2. Exact name of the Corporation RIGHT TO LIFE SERVICES, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PROVIDING DIRECT MATERIAL ASSISTANCE TO MOTHERS WITH NEWBORNS AND YOUNG CHILDREN.			
5. Principal office address 266 SMITH STREET		City PROVIDENCE		State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name M. DIANE MANNING		Vice-President Name JACK PARQUETTE			
Street Address 26 MANNING DRIVE		Street Address 85 ARDMORE AVENUE			
City NARRAGANSETT	State RI	Zip 02882	City PROVIDENCE	State RI	Zip 02908
Secretary Name RITA PARQUETTE		Treasurer Name JOSEPH CLOSSICK			
Street Address 85 ARDMORE AVENUE		Street Address 148 DEER TRAIL ROAD			
City PROVIDENCE	State RI	Zip 02908	City SOUTH KINGSTOWN	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name ROBERT SULLIVAN		Director Name REV. JAMES TURNIPSEED			
Street Address 68 BRIARWOOD DRIVE		Street Address 13 KEPLER STREET			
City SEEKONK	State MA	Zip 02771	City PROVIDENCE	State RI	Zip 02908
Director Name PAUL MALONEY		Director Name DR. SUSAN YOSHIHARA, PhD			
Street Address 11 OAK MANOR DRIVE		Street Address 20 CHERYL AVENUE			
City BARRINGTON	State RI	Zip 02806	City PORTSMOUTH	State RI	Zip 02871
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 21 2013

Form No. 631
Revised: 05/2012

By MDC
CR #10761

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.

M. Diane Manning 6/18/13
Signature of Officer Date

M. DIANE MANNING

Print or Type Name of Officer

PRESIDENT

Title of Officer

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31324 RIGHT TO LIFE SERVICES, INC.

ATTACHMENT

8. Continued

DIANE CARACCIOLO
281 SAMUEL GORTON AVENUE
WARWICK, RI 02889

REV. ROBERT MARCIANO
1063 VICTORY HIGHWAY
BURRIVILLE, RI 02839

KEVIN McDEVITT
216 HEMLOCK DRIVE
EAST GREENWICH, RI 02818

HENRY MONTI
71 GREENE STREET
EAST GREENWICH, RI 02818

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JUN 21 2013

By *mnc*

PD #31324