

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.

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1. Entity ID No.	2. Exact nar	2. Exact name of the Corporation						
31324	RIGHT T	RIGHT TO LIFE SERVICES, INC.						
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island PROVIDING DIRECT MATERIAL ASSISTANCE TO MOTHERS WITH NEWBORNS AND						
RHODE ISLAND		CHILDREN.						
5. Principal office address 266 SMITH STREET	TH STREET PROVIDENCE			State RI	Zip 02908			
6. LIST ALL OFFICERS (N.	AMES AND ADDE	ESSES) ("X" BOX FO	OR ATTACHMENT)					
President Name M. DIANE MANNING			Vice-President Name JACK PARQUETTE					
Street Address 26 MANNING DRIVE								
City NARRAGANSETT	State Ri	Zip 02882	City PROVIDENCE	State RI	Zip 02908			
Secretary Name RITA PARQUETTE	1		Treasurer Name JOSEPH CLOSSICK					
Street Address B5 ARDMORE AVENUE		Street Address 148 DEER TRAIL ROAD						
City	State	Zip	City	State	Zip			
PROVIDENCE	RI	02908	SOUTH KINGSTOWN	RI	02879			
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACH		RESSES). RHODE IS	SLAND CORPORATIONS <u>MUST</u> LIST	NO LESS THAN	THREE (3) DIREC	CTORS		
Director Name ROBERT SULLIVAN			Director Name REV. JAMES TURNIPSEED					
Street Address 68 BRIARWOOD DRI	eet Address		Street Address 13 KEPLER STREET					
City	State	Zip	City	State	Zip			
SEEKONK	MA	02771	PROVIDENCE	RI	02908			
Director Name PAUL MALONEY	Director Name DR. SUSAN YOSHIHARA		l, PhD					
Street Address 11 OAK MANOR DRIV			Street Address 20 CHERYL AVENUE					
City	State	Zip	City	State	Zip			
BARRINGTON	RI	02806	PORTSMOUTH	RI	02871			
8. REGISTERED AGENT IN								
			ary of State. Changes require filing I					
This report must	be signed by eithe	r the President, Vice-F	President, Secretary, Assistant Secretar	y, Treasurer, Rec	eiver or Trustee			

File Date		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.		
Check No		M. Diane Manning	6/18/13	
By:	Eu en	Signature of Officer	Date	
FOR SECRETARY OF STATE USE ONLY	PILED	M. DIANE MANNING		
FOR SECRETARY OF STATE USE UNLY		Print or Type Name of Officer	·	
orm No. 631	JUN 2 1 2013	PRESIDENT		
evised: 05/2012		Title of Officer		

Oh # 10761

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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

Dy MAC

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