



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. <u>791517</u>		2. Exact name of the Corporation <u>Providence Chapter of Chums, Inc</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>to PROMOTE charitable educational & religious activities in order to better develop cultural, civic and social relations among its members</u>			
5. Principal office address <u>c/o Anita Turner 190 Grosvenor Ave</u>		City <u>Ea. Prov</u>	State <u>RI</u>	Zip <u>02914</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND <u>ANITA TURNER</u>					
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

File Date _____

JUL 17 2013

Check No _____

By: _____

By: mnc

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 Lynn Rosario

Date 7/15/2013

FOR SECRETARY OF STATE USE ONLY

Ch # 2944

Print of Type Name of Officer Lynn Rosario

Title of Officer President

PROVIDENCE CHAPTER OF CHUMS, INC.
OFFICERS
2012 - 2013

Lynn A. Rosario
President
25 Meadowood Drive
Stoughton, MA 02747

Gail B. Hareld
Vice President
105 Hazard Ave
East Providence RI 02914

Myrtle Rosario
Treasurer
311 Olney St
Seekonk, MA 02771

Barbara C. Clarke
Financial Secretary
5 Washington Rd
Barrington, RI 02806

Nancy Goncalves
Corresponding Secretary
43 Talbot Way
Seekonk, MA 02771

Mary Santos Lima
Recording Secretary
48 Memorial Rd
Providence, RI 02906

Jacqueline Smith
Sgt-at-Arms
86 Corinth St
Providence, RI 02907

Donna Edmonds Mitchell
Parliamentarian
275 Indian Town Rd
Fall River, MA 02790

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By *mnc*

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PROVIDENCE CHAPTER OF CHUMS, INC.
BOARD OF DIRECTORS
2012 - 2013

Linda A'Vant Deishinni
35 Whitney St
Providence RI 02907

Dale Bentley
77 North Hull St
East Providence RI 02914

Joanne Coriander
12 Lowndes St
Newport, RI 02840

Maryann Mathews
51 Outlook Ave
East Providence, RI 02914

Dorothy Patrick
116 Elton St
Providence, RI 02906

Vhonda Ridley
835 Sandy Lane #8
Warwick, RI 02889

Anita Edmonds Turner
190 Grosvenor Ave
East Providence, RI 02914

Vera Wilson
48 Firglade Ave
Providence, RI 02906

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