



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2013 SEP 16 AM 11:15

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. 000027234		2. Exact name of the Corporation Johnston Senior Citizens, Inc	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island The Operation of a Senior Citizens Center	
5. Principal office address 1291 Hartford Avenue		City Johnston	State RI
		Zip 02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Lorraine Natale		Vice-President Name ANNE Baocari	
Street Address 9 Emerald Lane		Street Address 46 Dix Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Robert Graziano		Treasurer Name Barbara Graziano	
Street Address 6 Patricia Drive		Street Address 6 Patricia Drive	
City Johnston	State R.I	City Johnston	State RI
Zip 02919		Zip 02919	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Ruth Cameron		Director Name Mary Cara	
Street Address 58 Dix Avenue		Street Address 975 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name Ben Graziano		Director Name Deborah McCauley	
Street Address 6 Patricia Drive		Street Address 214 Shun Pike	
City Johnston	State RI	City Johnston	State R.I
Zip 02919		Zip 02919	
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

FILED

SEP 16 2013

BY Cr 11:15

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
Barbara Graziano 9-16-13
Date

Barbara Graziano
Print or Type Name of Officer

Treasurer
Title of Officer

File Date

Check No

By:

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