



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. <b>000084786</b>		2. Exact name of the Corporation <b>South Providence Development Corporation</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO IMPROVE THE QUALITY OF LIFE OF THE RESIDENTS OF SOUTH PROVIDENCE.</b>			
5. Principal office address <b>17 GORDON AVENUE, SUITE 102</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02905</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>DENNIS B. LANGLEY LHD</b>		Vice-President Name <b>none</b>			
Street Address <b>246 PRAIRIE AVENUE</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Secretary Name <b>NORMAN G ORODENKER ESQ</b>		Treasurer Name			
Street Address <b>246 PRAIRIE AVENUE STE #1</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	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 type="checkbox"/>					
Director Name <b>JOHN H MCCRAY JR, PHD</b>		Director Name <b>MARILYN J WALSH</b>			
Street Address <b>80 WASHINGTON STREET</b>		Street Address <b>10 HEALTH LANE, SUITE 500</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Director Name <b>ROBERT A DEROBIO PHD</b>		Director Name <b>BRANDON MELTON</b>			
Street Address <b>585 ELMGROVE AVENUE</b>		Street Address <b>167 POINT STREET</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
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: \_\_\_\_\_

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FILED

OCT 09 2013

By 49-207884  
A.A. 11:19 A.M.

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 **Norman G. Orodenker** Date **10/7/13**

Print or Type Name of Officer

Secretary

Title of Officer