



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 **2012**

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. 000084786		2. Exact name of the Corporation South Providence Development Coporation					
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO IMPROVE THE QUALITY OF LIFE OF THE RESIDENTS OF SOUTH PROVIDENCE.					
5. Principal office address 17 GORDON AVENUE, SUITE 102		City PROVIDENCE	State RI	Zip 02905			
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name DENNIS B. LANGLEY LHD		Vice-President Name none		2013 OCT -9 AM 11:18 SECRETARY OF STATE CORPORATIONS DIV			
Street Address 246 PRAIRIE AVENUE		Street Address					
City PROVIDENCE	State RI	Zip 02905	City			State	Zip
Secretary Name NORMAN G ORODENKER ESQ		Treasurer Name					
Street Address 246 PRAIRIE AVENUE STE #1		Street Address					
City PROVIDENCE	State RI	Zip 02905	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 JOHN H MCCRAY JR, PHD		Director Name MARILYN J WALSH					
Street Address 80 WASHINGTON STREET		Street Address 10 HEALTH LANE, STUIE 500					
City PROVIDENCE	State RI	Zip 02903	City WARWICK	State RI	Zip 02886		
Director Name ROBERT A DEROBIO PHD		Director Name BRANDON MELTON					
Street Address 585 ELMGROVE AVENUE		Street Address 167 POINT STREET					
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02903		
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

OCT 09 2013

49-207884

A.A 11:18 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.

Norman G. Orodener

10/7/13

Signature of Officer

Date

Norman G. Orodener

Print or Type Name of Officer

Secretary

Title of Officer