

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 • F			BY JULY 30 WILL RESULT IN A	\$25.00 PENALT\	/ FEE.		
1. Entity ID No.		2. Exact name of the Corporation South Providence Development Coporation					
000084786	South Pi						
3. State of Incorporation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island TO IMPROVE THE QUALITY OF LIFE OF THE RESIDENTS OF SOUTH PROVIDENCE.					
RI	TO IMPR						
5. Principal office address 17 GORDON AVENUE	= SIUTE 102		City PROVIDENCE	State RI	Zip 02905		
6. LIST ALL OFFICERS (NA		encem /sv" Dov E/					
President Name	INCS AND ADDR	ESSES! A BUAT	Vice-President Name		S 0%		
DENNIS B. LANGLEY LHD			none S SC				
Street Address			Street Address		8 37		
246 PRAIRIE AVENUE	Ē						
City PROVIDENCE	State RI	Zip 02905	City	State	Zip o A		
Secretary Name	100	02500	Treasurer Name	l	3 276		
NORMAN G ORODEN	KER ESQ						
Street Address		·-···	Street Address				
246 PRAIRIE AVENUE	STE #1				<u> </u>		
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02905					
7. LIST ALL DIRECTORS (I "X" BOX FOR ATTACHM		PRESSES). RHODE IS	LAND CORPORATIONS MUST LI	ST NO LESS THAN	THREE (3) DIRECTORS		
Director Name JOHN H MCCRAY JR, PHD			Director Name MARILYN J WALSH				
Street Address 80 WASHINGTON STI			Street Address 10 HEALTH LANE, ST	UIE 500			
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02903	WARWICK	RI	02886		
Director Name ROBERT A DEROBBI	O PHD		Director Name BRANDON MELTON				
Street Address 585 ELMGROVE AVENUE		Street Address 167 POINT STREET					
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02906	PROVIDENCE	RI	02903		
8. REGISTERED AGENT IN							
			tary of State. Changes require filin				
This report must b	be signed by eithe	r the President, Vice-F	President, Secretary, Assistant Secre	tary, Treasurer, Rec	eiver or Trustee		

File Date		Under penalty of perjury, I declare and affirm that I ha this report, including any accempanying schedules a and that all statements contained herein are true and	nd statements,
Check No		women Judenin	10/7/13
By:	FILED	Signature of Office	Date
January Commencer		Norman G. Orodenker	
FOR SECRETARY OF STATE U	OCT 09 2013	Print or Type Name of Officer	
Form No. 631	110-2020	Secretary	
Revised: 05/2012	By 77 all 1884	Title of Officer	
	A.A 11.18 A	-M -	