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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
28224	**The Providence Charitable Fuel Society**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To provide assistance for the purchase of heating oil to needy organizations.**

5. Principal office address	City	State	Zip
One Turks Head Place - Suite 800	**Providence**	**RI**	**02903**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
F. Richard Dietz	**202 Achilles Way**	**North Attleboro**	**MA**	**02763**
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
James Worrell	**42 Weybosset Street**	**Providence**	**RI**	**02903**
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Jonathan R. Knowles	**One Turks Head Place - Suite 800**	**Providence**	**RI**	**02903**
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Norman D. Baker, Jr.	**37 Ferry Road**	**Saunderstown**	**RI**	**02874**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Sidney Clifford, Jr.	**60 Freeman Parkway**	**Providence**	**RI**	**02906**
Director Name	**Street Address**	**City**	**State**	**Zip**
John C. Drew	**12 Angell Court**	**Warwick**	**RI**	**02889**
Director Name	**Street Address**	**City**	**State**	**Zip**
Robert C. Wood	**39 Fall River Avenue**	**Seekonk**	**MA**	**02771**
Director Name	**Street Address**	**City**	**State**	**Zip**
Mike Chase	**50 Park Row West - Suite 113**	**Providence**	**RI**	**02903**

8. REGISTERED AGENT IN RHODE ISLAND NORMAN D. BAKER, JR.

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, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____ **BY** 0049600 2

FILED
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FOR SECRETARY OF STATE USE ONLY

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.

Jonathan R Knowles 4/29/14
Signature of Officer or Authorized Representative Date

Jonathan R. Knowles, Sec
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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