

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.

1. Entity ID No.		2. Exact name of the Corporation				
000034389	Cranston Adult Day Care Advisory Board					
State of Incorporation	4. Brief de	scription of the character	of business conducted in Rhod	e Island		
RI	Provides community support and advocacy for frail, physically and mentally challenged adults					
5. Principal office address 1070 Cranston Street			City Cranston	State RI	Zip 02920	
6. LIST ALL OFFICERS (NA	MES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENTS			
President Name			Vice-President Name			
Joanne Quinn			Wayne Atwood			
Street Address			Street Address			
1047 Narragansett Par	kway		172 Sweetbriar Driv	/e		
City	State	Zip	City	State	Zip	
Warwick	RI	02888	Cranston	RI	02920	
ecretary Name			Treasurer Name		02320	
Alice Mandredi			Rosalind Castiglione			
Street Address			Street Address			
413 Woodbine Street			1070 Cranston Street			
City	State	Zip	City	State	Zip	
Cranston	RI	02910	Cranston	Ri	02920	
("X" BOX FOR ATTACHME irector Name usan Stenhouse	ND LEEDE	ASSES), HIGH ISL	Director Name	LIST NO LESS THAN	IJHREE (3) DIRECTO	
treet Address			Joan Margadonna Street Address			
25 Fair Street			21 Pine Hill Drive			
ity	State	Zip	City			
Varwick	RI	02888	Cranston	State	Zip	
rector Name		101000	Director Name	RI	02921	
mily Ricciardi			Nancie Paola			
treet Address			Street Address			
214 Cranston Street			244 Cheshire Drive			
ty	State	Zip				
ranston	RI	02920	Cranston	State	Zip	
REGISTERED AGENT IN RE	ODE ISLAND			RI	02921	
	The state of the s					
s report must be signed by a	hor the Committee	-4 16 Division -	of State. Changes require fili	ng Form 641,	w	
Trustee	mer me rresige	nt, vice-President, Secrei	ary, Assistant Secretary, Treas	urer, duly Authorized F	Representative, Receive	
		FILED	Under penalty of perjury	y, I declare and affirm	that I have examined	
ile Date <u>in 7 and an and an a</u>		LIFER	Under penalty of perjury, i declare and affirm that I have examined this report, including any accompanying schedules and statement			
zheck No			and that all statements	contained herein are	true and correct.	
		MAY 1 9 2014	1	1. 0		
3yz		MAI I J CONT	X (branne)	n. Duini	5-12-1	
OR SECRETARY OF STATE	USE OPEN	12/25	Signature of Officer or Au	thorized Representative		
ACADEMIANT AND MARKING			Joanne Quinn			

Joanne Quinn

/ President

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014