



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. 796169		2. Exact name of the Corporation Rhodes to Independence, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To improve the employment outcomes of individuals with disabilities based on contemporary labor market needs, ensuring that any individual who wants to work has the proper skills, tools and access to training and employment that will lead to			
5. Principal office address 71 Savoy Street		City Providence	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Elaina Goldstein			Vice-President Name Steven H. Kitchin		
Street Address 71 Savoy Street			Street Address 2800 Post Road		
City Providence	State RI	Zip 02906	City Warwick	State RI	Zip 02886
Secretary Name Sandy Lupovitz			Treasurer Name Sandy Lupovitz		
Street Address 1440 Diplomat Drive			Street Address 1440 Diplomat Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Elaina Goldstein			Director Name Sandy Lupovitz		
Street Address 71 Savoy Street			Street Address 1440 Diplomat Drive		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Director Name Steve Kitchin			Director Name		
Street Address 2800 Post Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

JUN 03 2014

Check No _____

By: _____ BY 0094

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.

Elaina K. Goldstein
Signature of Officer or Authorized Representative

6.2.2014

Date

Elaina K. Goldstein, JD, MPA

Print or Type Name of Officer or Authorized Representative