

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.	l l	2. Exact name of the Corporation				
796169	Rhodes	Rhodes to Independence, Inc.				
3. State of Incorporation	4. Brief de	scription of the character of	of business conducted in Rhode Is	sland		
·	1	To improve the employment outcomes of individuals with disabilities based on				
Rhode Island	contem	contemporary labor market needs, ensuring that any individual who wants to work				
5. Principal office address	has the	<u>proper skills, tools</u>				
71 Savoy Street			Providence	State RI	^{Zip} 02906	
6. LIST <u>ALL</u> OFFICERS (NAM	IES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		.1	
President Name			Vice-President Name			
Elaina Goldstein			Steven H. Kitchin			
Street Address			Street Address			
71 Savoy Street			2800 Post Road			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Warwick	RI	02886	
Secretary Name	•		Treasurer Name			
Sandy Lupovitz			Sandy Lupovitz			
Street Address			Street Address			
1440 Diplomat Drive			1440 Diplomat Drive			
City	State	Zip	City	State	Zip	
East Greenwich	RI	02818	East Greenwich	RI	02818	
("X" BOX FOR ATTACHME Director Name Elaina Goldstein	NT)	DRESSESJ. NRODE ISC	Director Name		THREE (3) DIRECTORS	
			Sandy Lupovitz			
Street Address			Street Address			
71 Savoy Street	10: -	· · · · · · · · · · · · · · · · · · ·	1440 Diplomat Drive	7-		
Dity Drawidana	State RI	Zip	City	State	Zip	
Providence	Ki	02906	East Greenwich	RI	02818	
Director Name Steve Kitchin			Director Name			
Street Address		<u> </u>	Street Address		,·	
2800 Post Road			Officer Address			
City	State	Zip	City	State	Zip	
<i>N</i> arwick	RI	02886]			
B. REGISTERED AGENT IN R	HODE ISLAND)		<u> </u>		
			of State. Changes require filin	a Form 641.		
			etary, Assistant Secretary, Treasu		Representative, Receiver	
		. =				
		FILED	Under negative of negions	I doclare and affire	n that I have evening	
File Date JUN 0 3 2014		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.				
Check No		0001	4/min	Ulatora	6.2.2014	
By:	BY	0044	Signature of Officer of Aut	horized Representati		
FOR SECRETARY OF STATE	E USE ONLY				Daio	
			Elaina K. Goldstein	, JD, MPA		
orm No. 631			Print or Type Name of Officer or Authorized Representative			

Revised: 04/2014