

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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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 - FA	ILURE TO FI	LE THIS REPORT E	Y JULY 30 WILL RESULT IN A	\$25.00 PENALIY	FEE.		
1. Entity ID No.	RHODE	2. Exact name of the Corporation RHODE ISLAND STATEWIDE INDEPENDENT LIVING COUNCIL					
State of Incorporation	Assisting	Brief description of the character of business conducted in Rhode Island Assisting in providing independent living financing through monitoring and maintaining the state plan for independent living					
5. Principal office address 20 NOBERT STREET			City WARREN	State RI	Zip 02885		
6. LIST <u>ALL</u> OFFICERS (NAM	IES AND ADDR	ESSES) ("X" BOX FO	PR ATTACHMENT) Vice-President Name				
President Name			VINCENT DEJESUS				
JACK RINGLAND Street Address 7 EARNEST STREET			Street Address 74 DAVIS AVENUE				
City	State	Zip	City	State	Zip		
BARRINGTON	RI	02806	CRANSTON	RI	02905		
Secretary Name ELIZABETH GRAVES			Treasurer Name MADELINE COLON				
Street Address 194 NURSERY AVENUE			Street Address 188 BAKER STREET				
City WOONSOCKET	State RI	Zip 02895	City PROVIDENCE	State RI	Zip 02905		
7. LIST ALL DIRECTORS (NA	MES AND ADD	RESSES). RHODE IS	LAND CORPORATIONS MUST L	IST NO LESS THAN	THREE (3) DIRECT	rors	
Director Name JACK RINGLAND			Director Name VINCENT DEJESUS				
Street Address 7 EARNEST STREET			Street Address 74 DAVIS AVENUE				
City BARRINGTON	State RI	Zip 02806	City CRANSTON	State RI	Zip 02905		
Director Name ELIZABETH GRAVES			Director Name MADELINE COLON				
Street Address 194 NURSERY AVENUE			Street Address 188 BAKER STREET				
City	State RI	Zip 02895	City PROVIDENCE	State RI	Zip 02905		
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 or or Trustee	either the Presid	lent, Vice-President. Se	ecretary, Assistant Secretary, Treasu	urer, duly Authorized	Representative, Rec	eiver	

	1 1222	Under penalty of perjury, I declare and affirm that I have examined
File Date	JUN 0 3 2014	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No	$\bigcap_{i \in \mathcal{A}} \mathcal{A}_{i}$	11. 118/1/14
ву:ВҮ _	2101	Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY		

JACK RINGLAND, PRESIDENT

Print or Type Name of Officer or Authorized Representative