RI SOS Filing Number: 201441824790 Date: 06/23/2014 1:45 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000031134

2. Name of Corporation Senior Companion Program of Rhode Island, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 74WEST ROAD, HAZARD BUILDING
City or Town: CRANSTON State: RI Zip: 02920 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO AID AND ASSIST THE ELDERLY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONY T ZOMPA	1291 HARTFORD AVENUE JOHNSTON, RI 02919 USA
VICE PRESIDENT	TERESA PALMER	52 CLARK MILL STREET COVENTRY, RI 02816 USA
VICE PRESIDENT	PAULLA M LIPSEY	22 FAIR OAKS DRIVE

0-7307-0

		LINCOLN, RI 02865 USA
DIRECTOR	MARY LOUISE GAMACHE	50 VALLEY STREET PROVIDENCE, RI 02909 USA
DIRECTOR	WILMA HOLLAND	137 LENOX AVE PROVIDENCE, RI 02907 USA
DIRECTOR	JENNIFER KILROY	1516 ATWOOD AVENUE JOHNSTON, RI 02919 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PAULLA M. LIPSEY 22 FAIR OAKS DRIVE LINCOLN , RI 02865

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of June, 2014 at 1:48:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANTHONY T. ZOMPA
Signature of Authorized Person

Form No. 631
Revised 09/07