



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/business

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 163994		2. Exact name of the Corporation The Mariposa Center			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Educational programs			
5. Principal office address 550 Branch Avenue		City Providence		State RI	Zip 02904-2204
<p>LIST ALL OFFICERS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS</p> <p>President Name: Paula Sager Vice-President Name: None</p> <p>Street Address: 4202 Main Road Street Address:</p> <p>City: Tiverton State: RI Zip: 02878 City: State: Zip:</p> <p>Secretary Name: Linda Atamian Treasurer Name: Michael DeCataldo</p> <p>Street Address: 28 Pond Meadow Road Street Address: 55 Dorrance Street</p> <p>City: Charlestown State: RI Zip: 02813 City: Providence State: RI Zip: 02903</p> <p>LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS</p> <p>("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></p> <p>Director Name: Linda Atamian Director Name: Marilyn Clements</p> <p>Street Address: 28 Pond Meadow Road Street Address: 104 Wallack's Drive</p> <p>City: Charlestown State: RI Zip: 02813 City: Stamford State: CT Zip: 06902</p> <p>Director Name: Michael DeCataldo Director Name: Linda Doberstein, MD</p> <p>Street Address: 55 Dorrance Street Street Address: 69 Manning Street</p> <p>City: Providence State: RI Zip: 02903 City: Providence State: RI Zip: 02906</p>					
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, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 30 2014

AA

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.

Paula C Sager 6/27/14
 Signature of Officer Date

Paula C. Sager
 Print or Type Name of Officer

Board President
 Title of Officer

**NON PROFIT CORPORATION
ANNUAL REPORT FOR THE YEAR 2014**
Additional Information Sheet 1 of 1

THE MARIPOSA CENTER

CORPORATE I.D. No: 163994

8. Names and Addresses of the Directors (cont.)

<i>Name</i>	<i>Address</i>
Hester Kaplan	130 Morris Avenue Providence, RI 02906
Paula Sager	4202 Main Road Tiverton, RI 02878
Annie Talbot	70 Arnold Avenue Cranston, RI 02905
Brian Wildeman	76 Hood Avenue Rumford, RI 02916
Brian Wyche	189 Dartmouth Street, Apt. 1 Pawtucket, RI 02860