



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

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. 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
LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paula Sager		Vice-President Name None			
Street Address 4202 Main Road		Street Address			
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Linda Atamian		Treasurer Name Michael DeCataldo			
Street Address 28 Pond Meadow Road		Street Address 55 Dorrance Street			
City Charlestown	State RI	Zip 02813	City Providence	State RI	Zip 02903
LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Linda Atamian		Director Name Marilyn Clements			
Street Address 28 Pond Meadow Road		Street Address 104 Wallack's Drive			
City Charlestown	State RI	Zip 02813	City Stamford	State CT	Zip 06902
Director Name Michael DeCataldo		Director Name Linda Doberstein, MD			
Street Address 55 Dorrance Street		Street Address 69 Manning Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02906
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

By: 207637
A H.

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.

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date

**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