



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.** 000028270

**2. Name of Corporation** Martin Luther King Community Center, Incorporated

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 20 DR. MARCUS F. WHEATLAND BLVD.

City or Town: NEWPORT

State: RI Zip: 02840 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**

OFFERING EDUCATION, SOCIAL, AND RECREATIONAL OPPORTUNITIES TO PERSONS OF ALL AGES AND CULTURES, WHICH INCLUDES A BREAKFAST MEAL SITE, DAYCARE, TEEN AND SENIOR SERVICES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	THOMAS CALLAHAN	64 BURNSIDE AVE. NEWPORT, RI 02840 USA
TREASURER	JOHN BURKE	21 HIGHVIEW AVE.

		WARREN, RI 02885 USA
SECRETARY	PATRICIA MOSS	45 PELHAM ST. NEWPORT, RI 02840 USA
VICE PRESIDENT	WHITNEY SLADE	19 CHAMPLIN PL. NEWPORT, RI 02840 USA
DIRECTOR	KATHY ALMANZOR	8 ATLANTIC STREET NEWPORT, RI 02840 USA
DIRECTOR	ERIN FLYNN	7 SEA VIEW AVE. NEWPORT, RI 02840 USA
DIRECTOR	PAUL J. KLOIBER	413 S. MAIN ST. WOONSOCKET, RI 02895 USA
DIRECTOR	ZULEKHA LUDWIG	49 WASHINGTON ST. NEWPORT, RI 02840 USA
DIRECTOR	BOB MASTIN	56 TUCKERMAN AVE. MIDDLETOWN, RI 02842 USA
DIRECTOR	JADE PHILLIPS	9 PARK ST., UNIT 2 NEWPORT, RI 02840 USA
DIRECTOR	JOANNA SOMMERVILLE	22 JOHNSON CT. NEWPORT, RI 02840 USA
DIRECTOR	GEORGE H. STEELE	621 WOLCOTT AVE. MIDDLETOWN, RI 02842 USA
DIRECTOR	JUDY TERRY	18 HUNTER RD. PORTSMOUTH, RI 02871 USA
DIRECTOR	STEVEN TURILLI	43 BATTERY LANE JAMESTOWN, RI 02835 USA
DIRECTOR	ROSALIND VAZ	9 STIMPSON ST. MIDDLETOWN, RI 02842 USA
DIRECTOR	GAIL LOWNEY ALOFSIN	23 DAMON ST. NEWPORT, RI 02840 USA
DIRECTOR	CLARENCE E. CHENOWETH	285 CORYS LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	ALPHONSA A. COOK	7 MURPHY CIRCLE MIDDLETOWN, RI 02842 USA
DIRECTOR	JANE CORCORAN	43 ASHURST AVE. MIDDLETOWN, RI 02842 USA
DIRECTOR	LIZ ZIMA COTTRELL	23 CORREIA DR. PORTSMOUTH, RI 02871 USA
DIRECTOR	SUSAN WELLS	229 GIBBS AVE. NEWPORT, RI 02840 USA
DIRECTOR	LESLIE GROSVENOR	51 HARRISON AVE. NEWPORT, RI 02840 USA
DIRECTOR	DAVID HOWE	244 EAST SHORE RD. JAMESTOWN, RI 02835 USA
DIRECTOR	WENDY KAGAN	29 CLIFF AVE. NEWPORT, RI 02840 USA
DIRECTOR	MATTIE KEMP	142 CANONCHET DR. PORTSMOUTH, RI 02871 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**

MARILYN WARREN 20 DR. MARCUS F. WHEATLAND BOULEVARD NEWPORT , RI 02840

**9. This report must be signed by either the President, Vice President, Secretary, Assistant**

**Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 1 Day of July, 2014 at 12:05:56 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 MARILYN WARREN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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