



**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. 000124587

2. Name of Corporation Greater Providence Area NA

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 72792

City or Town: PROVIDENCE

State: RI

Zip: 02909

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

DEVELOP, COORDINATE AND MAINTAIN SERVICES ON BEHALF OF NARCOTICS
ANONYMOUS IN THE GREATER PROVIDENCE AREA OF RHODE ISLAND.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	WANDA BROWN	2 CROWN STREET PROVIDENCE, RI 02909 USA
DIRECTOR	SULLY R DEBARROS	421 ELM STREET WARWICK, RI 02888 USA

DIRECTOR	PETER F ROCHA	175 FORBES STREET RIVERSIDE, RI 02915 USA
DIRECTOR	ROBERT SAUNDERS	825 PONTIAC AVENUE BLDG 1 APT 204 CRANSTON, RI 02910 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**

THOMAS R. CODERRE 5 NORFOLK AVENUE PROVIDENCE , RI 02861

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

Signed this 2 Day of July, 2014 at 8:14:56 AM 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 THOMAS R CODERRE
Signature of Authorized Person

Form No. 631
Revised 09/07

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