



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. 000030398

2. Name of Corporation Tri-Town Economic Opportunity Committee

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1126 HARTFORD AVENUE

City or Town: JOHNSTON

State: RI Zip: 02919 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

COMMUNITY ACTION AGENCY PROVIDING SERVICES SUCH AS HEAD START, DAY CARE, COUNSELING, ETC.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
CEO	JOSEPH DESANTIS	1126 HARTFORD AVE JOHNSTON, RI 02919 USA
DIRECTOR	RICHARD DELFINO	87 SIMMONSVILLE AVE JOHNSTON, RI 02919 USA

DIRECTOR	ROBERT O'BRIEN	96 ELENA STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	CHERYL JACKSON	65 SERREL ROAD JOHNSTON, RI 02919 USA
DIRECTOR	RAYMOND J PINGITORE	1201 ELMWOOD AVE PROVIDENCE, RI 02907 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**

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

Signed this 12 Day of September, 2014 at 3:23:33 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 SAMUEL LIMADI, CFO
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved