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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

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.	2. Exact name of the Corporation
71705	JOHN F. SPELLMAN CENTER
3. State of Incorporation: RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island: TO DELIVER A BROAD RANGE OF INTERVENTIONS, TRAINING, ADVOCACY, REFERRAL AND SUPPORT SERVICES.

5. Principal office address	City	State	Zip
125 BENTLEY STREET	EAST PROVIDENCE	RI	02914

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
EARNEST OKWARA	125 BENTLEY STREET	EAST PROVIDENCE	RI	02914

Vice-President Name	Street Address	City	State	Zip
BONNIE ABOLS	121 JOHN STREET	WARWICK	RI	02889

Secretary Name	Street Address	City	State	Zip
MARIA OKWARA	110 SOUTH PORT RD	SPARTANBURG	SC	29306

Treasurer Name	Street Address	City	State	Zip
NANCY FULLER	12 EVA STREET	PROVIDENCE	RI	02908

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
EARNEST OKWARA	125 BENTLEY STREET	EAST PROVIDENCE	RI	02914

Director Name	Street Address	City	State	Zip
MARY LOMASTRO	1218 MAIN STREET, #B	COVENTRY	RI	02816

Director Name	Street Address	City	State	Zip
NANCY FULLER	12 EVA STREET	PROVIDENCE	RI	02908

Director Name	Street Address	City	State	Zip

8. 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, duly Authorized Representative, Receiver or Trustee

FILED
FEB 05 2015
BY 553

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

12/31/2014
Signature of Officer or Authorized Representative — Date

EARNEST OKWARA
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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