



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 2015

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. 158436		2. Exact name of the Corporation Dick Ross Opportunity Foundation Inc.		
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote equal opportunity and maintain appropriate standards for success of all participants to provide an educational environment which meets the needs of students with varied learning skills.		
5. Principal office address		City	State	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Rose A. Ross-Dickens		Vice-President Name Norma Daniels Lewis		
Street Address 90 Windmill St		Street Address 15 Whelan Road		
City Providence	State RI	Zip 02904	City Providence	State RI
Secretary Name Ann Katea		Treasurer Name Prince Harmon		
Street Address 67 Sonrenta Street		Street Address 16 Whelan Rd		
City Providence	State RI	Zip 02907	City Providence	State RI
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Rebecca M. Ekstrom		Director Name Rose Walter		
Street Address 335 Hartford Ave		Street Address 1086 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI
Director Name Brooks Sally Sayue		Director Name Naomi Timb		
Street Address 106 Peace St		Street Address 265 Elmwood Ave		
City Providence	State RI	Zip 02907	City Providence	State RI
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

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

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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 or Authorized Representative

Date

Rose A. Ross-Dickens

Print or Type Name of Officer or Authorized Representative