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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 2015

45222

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
45222	Rhode Island Directors Association for Senior Citizens Programs, Inc.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	To work in pursuit of program development, funding, and implementation of senior services statewide.

5. Principal office address	City	State	Zip
c/o WSCC - 39 State Street	Westerly	RI	02891

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

President Name	Street Address	City	State	Zip
Mary Lou Morin	420 Main Street	Pawtucket	RI	02860
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Manuel Murray	56 Fairview Avenue	Coventry	RI	02816
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Erin McAndrew	1214 Kingstown Road	Wakefield	RI	02879
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Don L. Reynolds	54 State Street	Westerly	RI	02891

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
Susan Stenhouse	1234 Main Street	Cranston	RI	02920
Director Name	**Street Address**	**City**	**State**	**Zip**
Bob Rock	30 Kent Avenue	East Providence	RI	02914
Director Name	**Street Address**	**City**	**State**	**Zip**
Karen Ryan	4887 South County Trail	Charlestown	RI	02813
Director Name	**Street Address**	**City**	**State**	**Zip**
Karen Testa	26 Forestview Drive	North Providence	RI	02904

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: _____

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BY 515

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.

Don L. Reynolds 05/01/15

Signature of Officer or Authorized Representative — Date

Don L. Reynolds, Treasurer

Print or Type Name of Officer or Authorized Representative

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