

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretal J 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

2015

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 I:	Rhode Island Directors Association for Senior Citizens Programs, I				
3. State of Incorporation	4. Brief descri	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.				
. Principal office address	1 - 1		City	State	Zip	
c/o WSCC - 39 S	tate Street		Westerly	RI	02891	
. LIST ALL OFFICERS (NA	MES AND ADDRE	SSES) ("X" BOX FOR	ATTACHMENT	1 1(1		
President Name			Vice-President Name			
Mary Lou Morin			Manuel Murray			
Street Address			Street Address			
420 Main Street			56 Fairview Avenue			
City	State	Zip	City	State	Zip	
Pawtucket	RI	02860	Coventry	RI	02816	
ecretary Name Erin McAndrew		Treasurer Name Don L. Reynolds				
reet Address 1214 Kingstown Road			Street Address 54 State Street			
City	State	Zip	City	State	Zip	
Wakefield	RI	02879	Westerly	RI	02891	
	AMES AND ADDRI	ESSES). RHODE ISLA	ND CORPORATIONS MUST LIST N	O LESS THAN	THREE (3) DIRECTO	
rector Name			Director Name			
Susan Stenhouse			Bob Rock			
Street Address			Street Address			
1234 Main Street			30 Kent Avenue			
ity	State	Zīp	City	State	Zip	
<u>Cranston</u>	RI	02920	East Providence	RI	02914	
irector Name			Director Name			
Karen Ryan			Karen Testa			
Street Address			Street Address			
4887 South County	7 Trail		26 Forestview Drive	,		
ity	State	Zip	City	State	Zip	
<u>Charlestown</u>	RI	02813	North Providence	RI	02904	
REGISTERED AGENT IN F					<u> </u>	
his information is currently	of record in the O	ffice of the Secretary	of State. Changes require filing For	m 641.		
			tary, Assistant Secretary, Treesurer, du		epresentative, Receiv	

File Date		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.			
Check No	FILED	Non L. Reynolds	05/01/15		
FOR SECRETARY OF STATE USE ONLY	MAY n 4 2015	Signature of Officer or Authorized Representative Don L. Reynolds, Treasurer	Date		

Print or Type Name of Officer or Authorized Representative