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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

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
27291	BIG BROTHERS OF RHODE ISLAND, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	MENTORING FATHERLESS BOYS

5. Principal office address	City	State	Zip
108 Walnut Street	Warwick	RI	02888

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

President Name	Street Address	City	State	Zip
Joseph C. Manera, Jr.	1062 Reservoir Avenue	Cranston	RI	02910
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Andrew V. Gallonio	108 Walnut Street	Warwick	RI	02888
Secretary Name	Street Address	City	State	Zip
Jolene Vatcher	396 Olney Street	Seekonk	MA	02771
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Chantrey Marchand	66 Fairview Avenue	Rehoboth	MA	02769

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
Robert Burns	51 Moorland Avenue	Cranston	RI	02905
Director Name	**Street Address**	**City**	**State**	**Zip**
Alan Hochman	849 Hope Street	Providence	RI	02906
Director Name	Street Address	City	State	Zip
Donald E. Cummings	113 Hybrid Drive #12	Cranston	RI	02920
Director Name	**Street Address**	**City**	**State**	**Zip**
Michael F. Canole	150 Summit Drive	Cranston	RI	02920

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: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 18 2015
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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.

Andrew V. Gallonio 5/14/15
Signature of Officer or Authorized Representative Date

Andrew V. Gallonio, V.P.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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