



**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. <b>27908</b>		2. Exact name of the Corporation <b>Literacy Volunteers of Kent County, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Provides one on one, confidential and free Tutoring to Adults and 16+years of age who need help with basic reading, writing and English-speaking skills.</b>			
5. Principal office address <b>1672 Flat River Road</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816-8909</b>
President Name <b>Nancy Abood</b>			Vice-President Name <b>None</b>		
Street Address <b>340 Diamond Hill Road</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Secretary Name <b>Sandra Dupree</b>			Treasurer Name <b>Dorothy T. Brindamour</b>		
Street Address <b>20 Gentry Farm Drive</b>			Street Address <b>6 Pond View Drive</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816-8035</b>
Director Name <b>Lynn H. Blanchette</b>			Director Name <b>William Rogers</b>		
Street Address <b>543 Town Farm Road</b>			Street Address <b>402 Fairview Avenue</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>Stephanie S. Eddleston</b>			Director Name		
Street Address <b>465 Fairview Avenue</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 604.

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

**FILED**

**JUN 04 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.

*Dorothy T. Brindamour* 06-02-2015  
 Signature of Officer or Authorized Representative Date

**Dorothy T. Brindamour, Treasurer**

Print or type Name of Officer or Authorized Representative