



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. 65116		2. Exact name of the Corporation Coventry Friends of Human Services Inc			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The Provision of Comprehensive Social Services to The Residents of The Town of Coventry			
5. Principal office address 50 Wood Street		City Coventry		State RI	Zip 02816
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) ☐					
President Name Ernest Rusack		Vice-President Name Lois Tallman			
Street Address 102 Sherwood Valley Lane # 73		Street Address 114 Reservoir Road			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Jomarie Fabian		Treasurer Name NONE			
Street Address 40 Mohawk Street		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Ernest Rusack		Director Name Patricia Shurtleff			
Street Address 102 Sherwood Valley Lane # 73		Street Address 50 Wood Street			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Lois Tallman		Director Name Catherine Pendola			
Street Address 114 Reservoir Road		Street Address 50 Wood Street			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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



FILED
JUN 08 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.

Ernest Rusack
Signature of Officer or Authorized Representative

06-05-2015

Date

Ernest Rusack

Print or Type Name of Officer or Authorized Representative