State of Rhode Island and Providence Plantations Fee: \$20 Office of the Secretary of State				
Division Of Business Services				
	148 W. River S			
	Providence RI 0290 (401) 222-304			
HOPE	(401) 222 30			
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30				
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2015				
1. Corporate ID No. 000029686				
2. Name of Corporation <u>SPURWINK/RI</u>				
3. State of Incorporation				
State: <u>RI</u>				
4. Corporate Address in Rhode Island				
No. and Street: ONE SPURWINK PLACE City or Town: CRANSTON State: RI Zip: 02910 Country: USA				
5. Foreign Corporation. Enter Principal Office Address				
No. and Street:				
City or Town: State: Zip: Country:				
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island				
HUMAN SERVICE AGENCY				
7. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete				
THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country	
SECRETARY	PAULA KRITICOS	ONE SPURWINK PLA CRANSTON, RI 02910 US	-	
PRESIDENT	RAYMOND A ARSENAULT	ONE SPURWINK PLA CRANSTON, RI 02910- US		

DENNIS J ROBERTS II

ONE SPURWINK PLACE

DIRECTOR

		CRANSTON, RI 02861 USA		
DIRECTOR	DENNIS CARVALHO	ONE SPURWINK PLACE CRANSTON, RI 02910 USA		
DIRECTOR	JOHN QUINLAN	ONE SPURWINK PLACE CRANSTON, RI 02910 USA		
8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78				
RAYMOND A. ARSENAULT ONE SPURWINK PLACE CRANSTON, RI 02910				
9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.				
 Signed this 11 Day of June, 2015 at 2:18:45 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6. By <u>RAYMOND A ARSENAULT</u> Signature of Authorized Person 				
Form No. 631 Revised 09/07				
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