



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**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. 000791699

2. Name of Corporation The Rhode Island Hospice Veterans Partnership

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 70 WAMPANOAG TRAIL

City or Town: RIVERSIDE

State: RI Zip: 02915 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

DEVOTED TO IMPROVING END OF LIFE CARE FOR VETERANS WITHIN THE STATE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHELLE AUGUST	70 WAMPANOAG TRAIL RIVERSIDE, RI 02915 USA
TREASURER	ASHLEY TOSTE	30 MERRILL ST EAST PROVIDENCE, RI 02914 USA
SECRETARY	ASHLEY TOSTE	30 MERRILL ST

		EAST PROVIDENCE, RI 02914 USA
VICE PRESIDENT	CHRISTINE A. MILLER	1130 TEN ROD ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	MICHELE CARIGAN	2374 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	GEORGE FARRELL	25 FAIRBANKS ST PROVIDENCE, RI 02908 USA
DIRECTOR	ULYSSES MCALPINE	1 CATAMORE BOULEVARD EAST PROVIDENCE, RI 02914 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**

MICHELLE AUGUST ONE CATAMORE BOULEVARD EAST PROVIDENCE , RI 02914

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

Signed this 29 Day of June, 2015 at 1:01:38 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 MICHELLE AUGUST
Signature of Authorized Person

Form No. 631
Revised 09/07

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