



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/business

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. 000092921		2. Exact name of the Corporation Allen Weir Co. Inc. FFS	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Assisting men of all origins to recover from alcoholism.	
5. Principal office address 171 Canancho Avenue		City Warwick	State R.I.
		Zip 02888	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐			
President Name William L. Hickey, Jr.		Vice-President Name Joseph Leporacci	
Street Address 13 North Pearson Drive		Street Address 83 Benedict Street	
City Warwick	State R.I.	City Pawtucket	State R.I.
Zip 02888		Zip 02861	
Secretary Name Dennis Amore		Treasurer Name Robert E. Walsh	
Street Address 183 Kilvert Street		Street Address 171 Canancho Avenue	
City Warwick	State R.I.	City Warwick	State R.I.
Zip 02886		Zip 02888	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X BOX FOR ATTACHMENT) ☐			
Director Name Bryan Dooley		Director Name Jeffrey Mascoli	
Street Address 167 Canancho Avenue		Street Address 244 Harmony Court	
City Warwick	State R.I.	City Warwick	State R.I.
Zip 02888		Zip 02889	
Director Name Herve LaPlume		Director Name	
Street Address 123 Killingly Street		Street Address	
City Providence	State R.I.	City	State
Zip 02893		Zip	
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, Receiver or Trustee

FILED

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer
Robert E. Walsh
Date
6/20/15
Print or Type Name of Officer
Robert E. Walsh
Title of Officer
Treasurer