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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.	2. Exact name of the Corporation
87317	PAWTUCKET SENIOR CITIZENS COUNCIL
3. State of Incorporation: RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island: CHARITABLE PURPOSES, ADVOCATING FOR THE WELFARE, SAFETY, HEALTH ISSUES AND WELL BEING FOR SENIOR CITIZENS.

5. Principal office address	City	State	Zip
420 MAIN STREET	PAWTUCKET	RI	02860

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
R. THOMAS MAGILL	39 RUTH STREET	PAWTUCKET	RI	02861

Vice-President Name	Street Address	City	State	Zip
PAULA MCALOON	39 RUTH STREET	PAWTUCKET	RI	02861

Secretary Name	Street Address	City	State	Zip
FAY JEAN SNYZYK	214 ROOSEVELT AVE #714	PAWTUCKET	RI	02860

Treasurer Name	Street Address	City	State	Zip
KEN NOISEUX	7 DENVER STREET	PAWTUCKET	RI	02861

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
EDNA COOPER	1 WOOD HAVEN ROAD	PAWTUCKET	RI	02861

Director Name	Street Address	City	State	Zip
LOUIS METAXAS	31 GROSVENOR AVENUE	PAWTUCKET	RI	02861

Director Name	Street Address	City	State	Zip
BETH ROBERGE	105 PARK STREET #B102	PAWTUCKET	RI	02860

Director Name	Street Address	City	State	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 07 2015
BY 1091

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.

R. Thomas Magill — 6/22/2015
Signature of Officer or Authorized Representative — Date

R. THOMAS MAGILL, PRESIDENT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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