



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. 28207		2. Exact name of the Corporation MANVILLE COMMUNITY CENTER INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island MAINTAIN Public bldg for Village of Manville			
5. Principal office address 30 RAILROAD ST			City MANVILLE	State R.I.	Zip 02838
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald Dumas			Vice-President Name ROBERT G. LECHERC		
Street Address 41 MANVILLE AVE			Street Address 31 ASH ST		
City MANVILLE	State RI	Zip 02839	City MANVILLE	State R.I.	Zip 02838
Secretary Name RAYMOND N. PLANTE			Treasurer Name Bernard P. Desjardins		
Street Address 6 ALMIDA DR APT 204			Street Address 939 Oldsmith Field rd		
City MANVILLE	State RI	Zip 02839	City NO. SMITHFIELD	State RI	Zip 02896
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LUC FILLION			Director Name ROBERT A. LECLERC		
Street Address 784 Old Orchard ST			Street Address 31 ASH ST		
City Manville	State RI	Zip 02839	City MANVILLE	State RI	Zip 02838
Director Name DONALD GENDRON			Director Name		
Street Address PO BOX 9			Street Address		
City MANVILLE	State R.I.	Zip 02838	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

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.

FILED

JUL 17 2015

Raymond N. Plante Secretary 6/9/15
 Signature of Officer or Authorized Representative Date

RAYMOND N. PLANTE SECRETARY
 Print or Type Name of Officer or Authorized Representative

BY **5207**