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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
000530501	Citizens for a Better Providence
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	charitable and educational purposes

5. Principal office address	City	State	Zip
15 Arnold St	Providence	RI	02906

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

President Name	Vice-President Name
LORNE ADRAIN	Meredith Pearson
Street Address	**Street Address**
15 Arnold St	93 Sheldon St
City: Providence, State: RI, Zip: 02906	City: Providence, State: RI, Zip: 02906
Secretary Name	**Treasurer Name**
	Damian Ewans
Street Address	**Street Address**
	205 Wentworth Ave
City, State, Zip	City: Cranston, State: RI, Zip: 02905

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

Director Name	Director Name
LORNE ADRAIN	Meredith Pearson
Street Address	**Street Address**
15 Arnold St	93 Sheldon St
City: Providence, State: RI, Zip: 02906	City: Providence, State: RI, Zip: 02906
Director Name	**Director Name**
Damian Ewans	
Street Address	**Street Address**
205 Wentworth Ave	
City: Cranston, State: RI, Zip: 02905	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

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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.

2/16/16
Signature of Officer or Authorized Representative — Date

LORNE A. ADRAIN
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
132525-2-1072115