



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. 000104231		2. Exact name of the Corporation WORKSITE WELLNESS COUNCIL OF RHODE ISLAND			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO FACILITATE HEALTH PROMOTION INITIATIVES IN WORKSITES WITHIN THE STATE OF RHODE ISLAND.			
5. Principal office address c/o KLR, 951 NORTH MAIN STREET		City PROVIDENCE		State RI	Zip 02904
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name DONALD NOKES		Vice-President Name			
Street Address c/o KLR, 951 NORTH MAIN STREET		Street Address			
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name		Treasurer Name SANDY ROSS			
Street Address		Street Address c/o KLR, 951 NORTH MAIN STREET			
City	State	Zip	City PROVIDENCE	State RI	Zip 02904
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name SCOTT BOYD		Director Name JIM BERSON			
Street Address c/o KLR, 951 NORTH MAIN STREET		Street Address c/o KLR, 951 NORTH MAIN STREET			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Director Name ELLIS WALDMAN		Director Name DREW MURPHY			
Street Address c/o KLR, 951 NORTH MAIN STREET		Street Address c/o KLR, 951 NORTH MAIN STREET			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
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

MAR 02 2016

Form No. 631
Revised: 04/2014

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.

Sandy Ross
Signature of Officer or Authorized Representative

2/1/16

Date

TREASURER

Print or Type Name of Officer or Authorized Representative

By *K 269115*

WORKSITE WELLNESS COUNCIL OF RHODE ISLAND

Board of Directors List

President

Donald Nokes
C/O KLR,
951 North Main Street
Providence, RI 02940

Treasurer

Sandy F. Ross
C/O KLR,
951 North Main Street
Providence, RI 02940

Director

Linn Freedman, Esq.
C/O KLR
951 North Main Street
Providence, RI 02940

Director

Howard Dulude
C/O KLR
951 North Main Street
Providence, RI 02940

Director

Patricia Callahan Fay
C/O KLR
951 North Main Street
Providence, RI 02940

Director

Drew Murphy
C/O KLR,
951 North Main Street
Providence, RI 02940

Director

Joanne Billotta
C/O KLR
951 North Main Street
Providence, RI 02940

Director

Jim Berson
C/O KLR
951 North Main Street
Providence, RI 02940

Director

Scott Boyd
C/O KLR
951 North Main Street
Providence, RI 02940

Director

Ellis Waldman
C/O KLR
951 North Main Street
Providence, RI 02940