



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000799927

2. Name of Corporation GPBOR Care - Community Awareness REALTOR Events

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 365 EDDY STREET, SUITE 1

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EXCLUSIVELY FOR CHARITABLE RELIGIOUS EDUCATIONAL AND SCIENTIFIC PURPOSES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LEANN DETTORE	271 DORIC AVENUE CRANSTON, RI 02910 USA
TREASURER	RICHARD EPSTEIN	140 WICKENDEN STREET PROVIDENCE, RI 02903 USA

VICE PRESIDENT	SALLY HERSEY	870 OAKLAWN AVENUE CRANSTON, RI 02920 USA
DIRECTOR	BRENDA L MARCHWICKI	222 CHESTNUT STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MICHELLE CARTWRIGHT	300 COUNTY ROAD BARRINGTON, RI 02806 USA
DIRECTOR	JOSEPH MCCARTHY	831 BALD HILL ROAD WARWICK, RI 02886 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DONNA M. ANDREWS 365 EDDY STREET, SUITE 1 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of May, 2016 at 4:21:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DONNA ANDREWS
Signature of Authorized Person

Form No. 631
Revised 09/07