



**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.** 000029759

**2. Name of Corporation** WEST END COMMUNITY CENTER, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 109 BUCKLIN STREET

City or Town: PROVIDENCE

State: RI Zip: 02907 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**

COMMUNITY CENTER-DAY CARE SOCIAL SERVICES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	RON ALLEN	52 GILLOOLY DRIVE WARWICK, RI 02888 USA
TREASURER	CARLOS DIAZ	ONE CHESNUT STREET APT. 705 PROVIDENCE, RI 02903 USA
SECRETARY	LINDA REICH	327 ELMGROVE AVE

		PROVIDENCE, RI 02906 USA
DIRECTOR	NORRINE SIMPSON	349 FARMINGTON AVE CRANSTON, RI 02920 USA
DIRECTOR	CAROLE BELL	98 BENEDICT STREET PROVIDENCE, RI 02907 USA
DIRECTOR	PRISCILLA MELLO	11 COMMUNITY DRIVE CRANSTON, RI 02905 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**

CAROLE BELL 109 BUCKLIN STREET PROVIDENCE , RI 02907

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

**Signed this 16 Day of May, 2016 at 4:46:27 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 SHANNA WELLS, M.ED. EXECUTIVE DIRECTOR  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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