



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000034389		Cranston Adult Day Care Advisory Board			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Community support and advocacy for frail, physically/mentally challenged adults.			
5. Principal Office Address		City	State	Zip	
1070 Cranston Street		Cranston	RI	02920	
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>			
President Name Joanne Quinn		Vice-President Name Wayne Atwood			
Street Address 1047 Narragansett Parkway		Street Address 172 Sweetbriar Drive			
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
Secretary Name Alice Manfredi		Treasurer Name Rosemarie Coren			
Street Address 413 Woodbine Street		Street Address 8 Harding Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02905
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>			
Director Name David Quiroa		Director Name Joan Maradonna			
Street Address 9 Ledyard Street		Street Address 21 Pine Hill Drive			
City Newport	State RI	Zip 02840	City Cranston	State RI	Zip 02921
Director Name Emily Ricciardi		Director Name			
Street Address 1214 Cranston Street		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Joanne Quinn / President				5-16-16	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED

MAY 26 2016

BY