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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 2016

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.**

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SECRETARY OF STATE
CORPORATIONS DIV.

1. Entity ID No.	2. Exact name of the Corporation
102115	CONCERNED CITIZENS COMMITTEE
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
R.I.	PRESERVING HISTORIC BUILDINGS- FUNDRAISING FOR COMMUNITY EVENTS.

5. Principal office address	City	State	Zip
ANTHONY S WALSH	PAWTUCKET	R.I.	02860

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

President Name	Street Address	City	State	Zip
ANTHONY S WALSH	35 NORTH BEND ST. APT-LR	PAWTUCKET	R.I.	02860

Vice-President Name	Street Address	City	State	Zip
THERESA JOHNSTON	35 NORTH BEND ST. APT-LR	PAWTUCKET	R.I.	02860

Secretary Name	Street Address	City	State	Zip
AMY ZOLT	30 POTTER STREET	PAWTUCKET	R.I.	02860

Treasurer Name	Street Address	City	State	Zip
HELEN LAVALLEE	20 COLLINS STREET	PAWTUCKET	R.I.	02860

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

Director Name	Street Address	City	State	Zip
JOHN ACARO	66 WALTHAM STREET	PAWTUCKET	R.I.	02860

Director Name	Street Address	City	State	Zip
RAYMOND ARRIGHI	30 SHORT STREET	PAWTUCKET	R.I.	02860

Director Name	Street Address	City	State	Zip
ROBERT GORMLEY	COLUMBUS AVENUE 43	PAWTUCKET	R.I.	02860

Director Name	Street Address	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

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 03 2016
By 275875

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.

Anthony Walsh 4-27-16
Signature of Officer or Authorized Representative Date

Anthony J Walsh
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

137689-1-1115255