



**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.** 000074152

**2. Name of Corporation** Survivor Connections, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 52 LYNDON ROAD

City or Town: CRANSTON

State: RI

Zip: 02905

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**

TO ASSIST PERSONS WHO ARE SEXUALLY ABUSED OR AFFECTED BY SEXUAL ABUSE.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
SECRETARY	SARA J FITZPATRICK	52 LYNDON RD CRANSTON, RI 02905 USA
PRESIDENT	FRANCIS L FITZPATRICK	52 LYNDON ROAD CRANSTON, RI 02905 USA
DIRECTOR	PHYLUS HUTNAK	P.O. BOX 489, BUTTER LANE

		CAROLINA, RI 02812
DIRECTOR	FRANCIS L FITZPATRICK	52 LYNDON RD CRANSTON, RI 02905 USA
DIRECTOR	JANET R BLYTHE	617 LITTLE RIVER PATH THE VILLAGES, FL 32162 USA
DIRECTOR	AMY J MAXWELL	369 MONTGOMERY AVE, APT 3D PROVIDENCE, RI 02905 USA
DIRECTOR	SARA J FITZPATRICK	52 LYNDON RD 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**

FRANCIS L. FITZPATRICK 52 LYNDON ROAD CRANSTON , RI 02905

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

**Signed this 5 Day of June, 2016 at 7:09:38 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 FRANCIS L. FITZPATRICK  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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