



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 23 PM 12:00

1. Entity ID Number <u>76667</u>		2. Exact name of the Corporation <u>TURNING POINT</u>	
3. State of Incorporation <u>R. I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>group home site and semi independent living site for disadvantaged adolescents</u>	
5. Principal Office Address <u>5 Kids way</u>		City <u>PAWTUCKET</u>	State <u>R. I.</u>
		Zip <u>02860</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Brian Rawnsley</u>		Vice-President Name <u>Ted Wynne, Jr.</u>	
Street Address <u>1401 Newport Avenue</u>		Street Address <u>68 Broadway</u>	
City <u>PAWTUCKET</u>	State <u>R. I.</u>	City <u>PAWTUCKET</u>	State <u>R. I.</u>
Zip <u>02861</u>		Zip <u>02860</u>	
Secretary Name <u>Peter Kanelakos</u>		Treasurer Name <u>Theodore King</u>	
Street Address <u>19 Bear Hill Road</u>		Street Address <u>522 Power Road</u>	
City <u>Seekonk</u>	State <u>MA</u>	City <u>PAWTUCKET</u>	State <u>R. I.</u>
Zip <u>02771</u>		Zip <u>02860</u>	
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 <u>Gary E. Seal</u>		Director Name <u>Brian Rawnsley</u>	
Street Address <u>236 Doris Street</u>		Street Address <u>1401 Newport Avenue</u>	
City <u>PAWTUCKET</u>	State <u>R. I.</u>	City <u>PAWTUCKET</u>	State <u>R. I.</u>
Zip <u>02860</u>		Zip <u>02861</u>	
Director Name <u>Ted Wynne, Jr.</u>		Director Name	
Street Address <u>68 Broadway</u>		Street Address	
City <u>PAWTUCKET</u>	State <u>R. I.</u>	City	State
Zip <u>02860</u>		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 <u>Brian Rawnsley</u>			Date <u>6/21/2016</u>
Signature of Officer/Authorized Representative <u>Brian Rawnsley</u>			

FILED

JUN 23 2016

BY CH 277400

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov