



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

148 W. River Street, Providence, Rhode Island 02904-2615  
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SECRETARY OF STATE  
CORPORATIONS DIV

2016 JUN 30 PM 3:33

**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			
45585		Ocean State Center for Independent Living			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		to assist persons with disabilities to help, improve and develop their capabilities**			
5. Principal Office Address		City	State	Zip	
1944 Warwick Avenue		Warwick	RI	02889	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Harry Tarlian		Vice-President Name Jose Lobaton			
Street Address 170 Providence Pike, Unit 106		Street Address 15 Sawmill Road, Unit 9 - 101			
City North Smithfield	State RI	Zip 02896	City North Kingstown	State RI	Zip 02852
Secretary Name Stephanie Clang		Treasurer Name James R. Bateman			
Street Address 55 Harris Street		Street Address 426 Fernwood Lane			
City Coventry	State RI	Zip 02816	City Clinton	State MA	Zip 01510
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name		Director Name			
Street Address		Street Address ***to function in their own homes.			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
				6/13/16	
Signature of Officer/Authorized Representative					
Jose Lobaton					

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## ***Ocean State Center for Independent Living***

### ***Board of Directors 2016***

**James R. Bateman - Treasurer**

426 Fernwood Lane, Clinton, MA 01510

**Stephanie Clang - Secretary**

55 Harris Street, Coventry, RI 02916

**Gerald LeFebvre**

37 Oberlin Drive, Warwick, RI 02886

**Lydia LeFebvre**

37 Oberlin Drive, Warwick, RI 02886

**Janet Lobaton**

53 George Arden Street, Warwick, RI 02886

**Jose Lobaton - Vice President**

15 Sawmill Drive, Unit 9 - 101, North Kingstown, RI 02852

**Anne McDonald**

123 Ormsby Ave, Warwick, RI 02886

**Susan Shapiro**

370 Squantum Drive, Warwick, RI 02888

**Henry S. Tarlian - President**

170 Providence Pike, Unit 106, N. Smithfield RI 02896

**Douglas Wood**

43 Heights Ave, Warwick, RI 02889

**Janice Wray**

102 Valley Road, East Greenwich, RI 02818

**Officers**

**President – Henry Tarlian**

**Vice President – Jose Lobaton**

**Treasurer - James Bateman**

**Secretary – Stephanie Clang**

