



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUL 05 2016

Annual Report for the year: 2016
Non-Profit Corporation

By _____

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

1. Entity ID Number 114756		2. Exact name of the Corporation West Cove Adult Day Services, Inc	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Provide Services For the Elderly age 55 and over and adults of all ages with mental or physical disabilities	
5. Principal Office Address 68 School Street APT 1		City Westerly	State RI
		Zip 02891	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Beverly Elaine Babcock		Vice-President Name Walter Kenneth Babcock	
Street Address 68 School St Westerly RI 02891		Street Address 68 School St	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Mary Tulman RN		Treasurer Name Beverly Elaine Babcock, RN	
Street Address 18 Holmes St		Street Address 68 School St	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
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 Beverly E. Babcock RN		Director Name REV Henry Pendleton	
Street Address 68 School St APT 1		Street Address 465 Gardiner Rd	
City Westerly	State RI	City Richmond	State RI
Zip 02891		Zip 02898	
Director Name Walter K Babcock		Director Name Mary Tulman RN	
Street Address 68 School St. APT 1		Street Address 18 Holmes St	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02894	
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 Beverly E. Babcock RN			Date 6/29/2016
Signature of Officer/Authorized Representative M. W. Beverly E. Babcock RN			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040