



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.

FILED
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 JUL 05 2016
 By la

1. Entity ID Number 796169		2. Exact name of the Corporation Rhodes to Independence, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Improve employment of people with disabilities; identify and remove barriers to work.			
5. Principal Office Address 71 Savoy St			City Providence	State RI	Zip 02906
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elaina K. Goldstein			Vice-President Name Steven H. Kitchin		
Street Address 71 Savoy Street			Street Address 2800 Post Road		
City Providence	State RI	Zip 02906	City Warwick	State RI	Zip 02886
Secretary Name Sandy Lupovitz			Treasurer Name Sandy Lupovitz		
Street Address 1440 Diplomat Drive			Street Address 1440 Diplomat Drive		
City E. Greenwich	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
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 Elaina K. Goldstein			Director Name Sandy Lupovitz		
Street Address 71 Savoy Street			Street Address 1440 Diplomat Drive		
City Providence	State RI	Zip 02906	City E. Greenwich	State RI	Zip 02818
Director Name Steven H. Kitchin			Director Name		
Street Address 2800 Post Road			Street Address		
City Warwick	State RI	Zip 02886	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.					
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.					
<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 Elaina K. Goldstein				Date 6/23/16	
Signature of Officer/Authorized Representative <i>Elaina K. Goldstein</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov