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

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→ Penalty: Additional \$25.00	) fee if form is no	ot filed by July 30	0.		N	
1. Entity ID Number 7083	2. Exact name of the Corporation  Ronald McDonald House of Providence, Inc.					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Provides terr	temporary housing for families of hospitalized children				
5. Principal Office Address	dress City State Zip		Zip			
c/o 50 Kennedy Plaza Ste 1500		Providence	RI	02903		
6. List ALL officers (names and	addresses)		•		ndicate an attachment	
President Name Colleen Dicks	on		Vice-President Name Jay Marshall			
Street Address 153 Kimberly D	y Drive Street Address 44 Castle Rocks Road					
City West Greenwich	State RI	<sup>Zip</sup> 02817	City Warwick	State RI	<sup>Zip</sup> 02886	
Secretary Name Robert Durant	1	'	Treasurer Name Joanne Chang		1	
Street Address 60 Signal Ridge Way		Street Address 290 Irving Avenue				
City East Greenwich	State RI	<sup>Zip</sup> 02818	City Providence	State RI	<sup>Zip</sup> 02906	
7. List ALL directors (names and	addresses). RI (	Corporations MU	ST list at least THREE direc		to indicate an attachment	
Director Name Karen Daigle			Director Name James Gilmore			
treet Address 172 Wyndham Avenue		Street Address 16 Key West Blvd				
City Providence	State RI	<sup>Zip</sup> 02908	City Rehoboth	State MA	<sup>Zip</sup> 02769	
Director Name Cara Hart	r Name Cara Hart		Director Name Christina Hilton			
Street Address 185 Kearns Ave	reet Address 185 Kearns Avenue Street Address 96 Cottage Street					
City Tiverton	State RI	<sup>Zip</sup> 02878	City Cranston	State RI	<sup>Zip</sup> 02910	
8. Registered Agent in Rhode Isl	and. This informati	on is currently of re	ecord in the Department of Stat	e. Changes require filin	g Form 641.	
Under penalty of perjury, I dec statements, and that all staten				any accompanying	g schedules and	
This report must be signed by either the F	President, Vice-Preside	ent, Secretary, Assista	nt Secretary, Treasurer, duly Author	ized Representative, Rece	iver or Trustee.	
Name of Officer/Authorized Rep	resentative			Date /	- /.	
Michael G Fantom		/,		6/2	8/16	
Signature of Officer/Authorized R	epresentative	lid ye	CHENI PER			

FILED

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 06 2016

#278 373 ORM 631 - Revised: 05/2016

## Ronald McDonald House of Providence, Inc. ID #7083 BOARD OF DIRECTORS

NAME	ADDRESS	CITY	ST	ZIP
Duncan, David	903 Providence Place #202	Providence	RI	02903
Hollingworth, Diane	3358 Post Road	Wakefield	RI	02879
Lucovich, Rebecca	81 Wamphassuc Pt. Road	Stonington	CT	06378
McCarthy, Brendan	3 Ammidon Road	Mendon	MA	01756
Neronha, Monica	1 Woodhaven Road	Barrington	RI	02806
Newell, David	17 Jerry Steet	Warwick	RI	02886
Puniello, John	23 King Philip Avenue	Bristo!	RI	02809
Stephens, Scott	25 Pine Ridge Drive	Cranston	RI	02921
Wallace, Tracey	52 Windward Drive	Somerset	MA	02726
Watson, Keith	180 Orchard Woods Drive	Saunderstown	RI	02874
Woodman, Keith	241 Pawtuxet Avenue	Cranston	RI	02905