



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.

1. Entity ID Number <b>519351</b>		2. Exact name of the Corporation <b>East Providence Prevention Coalition</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Substance Abuse Prevention</b>			
5. Principal Office Address <b>145 Taunton Ave</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>Scott Rose</b>			Vice-President Name <b>Scott Rose</b>		
Street Address <b>100 Priscilla Ave</b>			Street Address <b>100 Priscilla Ave</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Secretary Name <b>Pam Byrd</b>			Treasurer Name <b>Catherine Legault</b>		
Street Address <b>745 North Braodway</b>			Street Address <b>22 Harding Ave</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
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 type="checkbox"/></span>					
Director Name <b>Kim Slade</b>			Director Name <b>Elmer Pina</b>		
Street Address <b>145 Taunton Ave</b>			Street Address <b>145 Taunton Ave</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>Scott Rose</b>			Director Name <b>Pam Byrd</b>		
Street Address <b>100 Priscilla Ave</b>			Street Address <b>745 North Broadway</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
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 <b>Kimberly Slade</b>				Date <b>7-6-2016</b>	
Signature of Officer/Authorized Representative <i>Kimberly Slade</i> <span style="float: right;">SIGN DOCUMENT HERE</span>					

**FILED**

JUL 08 2016

BY 1093 A.A.

**MAIL TO:**  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov