



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

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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			
000542833		THE RHODE ISLAND ALLIANCE			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		TO REDUCE THE RATE OF UNWANTED PREGNANCY AMONG TEENS IN RHODE ISLAND AND RELATED SERVICES			
5. Principal Office Address			City	State	Zip
514 BLACKSTONE STREET			WOONSOCKET	RI	02895
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name PATRICIA FLANAGAN			Vice-President Name SUSAN JACOBSEN		
Street Address 1425 DIPLOMAT DRIVE			Street Address 64 INDIAN RUN TRAIL		
City EAST GREENWICH	State RI	Zip 02818	City WAKEFIELD	State RI	Zip 02879
Secretary Name DEBORAH PERRY			Treasurer Name DEBORAH PERRY		
Street Address 20 THATCHER STREET			Street Address 20 THATCHER STREET		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
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 PATRICIA FLANAGAN			Director Name SUSAN JACOBSEN		
Street Address 1425 DIPLOMAT DRIVE			Street Address 64 INDIAN RUN TRAIL		
City EAST GREENWICH	State RI	Zip 02818	City WAKEFIELD	State RI	Zip 02879
Director Name DEBORAH PERRY			Director Name		
Street Address 20 THATCHER STREET			Street Address		
City RUMFORD	State RI	Zip 02916	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 Deborah C. Perry TREASURER					Date 7/1/16
Signature of Officer/Authorized Representative <i>[Signature]</i>					

FILED
JUL 14 2016

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