RI SOS Filing Number: 201608712900 Date: 09/12/2016 4:00 PM

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.

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1. Entity ID Number	2. Exact name of the Corporation
000027261	Joslin Community Development Corporation
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Multi-Purpose center and Daycare, Assisting the Joslin, Manton and Olneyville Residents

5. Principal Office Address	City	State	Zip
231 Amherst Street	Providence	RI	02909

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Anthony Solomon			Vice-President Name Donna Taylor		
Street Address 65 Modena Ave			Street Address 158 Zinnia Drive		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02920
Secretary Name Donna Taylor			Treasurer Name Gary Disciullo		
Street Address 158 Zinnia Drive			Street Address 27 Meadow View Dr.		
City Cranston	State RI	Zip 02920	City Smithfield	State RI	Zip 02917

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name Keven McKenna			Director Name Gullermina Sanchez		
Street Address 23 Acorn Street			Street Address 231 Amherst Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02909
Director Name Alido Baldera			Director Name		
Street Address 632 Smith Street			Street Address		
City Providence	State RI	Zip 02908	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.

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	Date
Gullermina Sanchez	09/07/2016

Signature of Officer/Authorized Representative
Guillermina Sanchez
Digitally signed by Guillermina Sanchez
Date: 2016.09.07 16:28:47 -04'00'

FILED
SEP 12 2016
By 17263

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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