



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 6.30.16

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.

2016 NOV

RECEIVED
R.I. DEPT. OF STATE
BUSINESS DIV.

1. Entity ID Number 000029509		2. Exact name of the Corporation S.S. PAYNE POST Memorial	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Domestic NON-Profit Corporation	
5. Principal Office Address ONE CAPITOL HL		City Providence	State RI Zip 02908
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Ginamarie Doherty		Vice-President Name William SIANO	
Street Address 10 OSAGE Dr		Street Address 5 Shetland Dr.	
City Middletown	State RI Zip 02842	City Bradford	State RI Zip 02842
Secretary Name SALVATORE CAPIRCHIO		Treasurer Name Guyde Lombardi	
Street Address ONE CAPITOL Hill		Street Address ONE CAPITOL Hill	
City Providence	State RI Zip 02908	City Providence	State RI Zip 02908
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Gary Maddocks		Director Name JAKE TARAKSIAN	
Street Address 125 FARNUM PK		Street Address 17 ASIA ST	
City Smithfield	State RI Zip 02917	City Cranston	State RI Zip 02920
Director Name Allen Wagonblott Jr		Director Name	
Street Address 108 AMESBURY Cr		Street Address	
City Middletown	State RI Zip 02842	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 GUYDE LOMBARDI		Date 11/18/16	
Signature of Officer/Authorized Representative <i>Guyde G Lombardi</i>			

FILED

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

By *[Signature]*

FORM 631 - Revised: 05/2016



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

