



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 001100101

2. Name of Corporation Rhode Island Advocacy for Children

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 22 KINGSTON AVENUE

City or Town: WAKEFIELD

State: RI Zip: 02879 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ADVOCATING FOR CHILDREN WITH SPECIAL NEEDS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PETER O SCOCCHI	22 KINGSTON AVENUE WAKEFIELD, RI 02879 USA
SECRETARY	DAVID AHLBORN	416 EATON STREE PROVIDENCE, RI 02908 USA
VICE PRESIDENT	AMBER CHAMPLIN	12 ROLLING HILL DRIVE

		EXETER, RI 02822 USA
DIRECTOR	JOANNA SCOCCHI	104 RIVERSIDE DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	JOSEPH SANTIAGO	2638 CLEVELAND AVENUE NEW ORLEANS, LA 70119 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOANNA SCOCCHI 22 KINGSTON AVENUE WAKEFIELD , RI 02879

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 20 Day of February, 2017 at 12:15:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOANNA SCOCCHI
Signature of Authorized Person

Form No. 631
Revised 09/07

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