



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|--------------------|------------------------|
| 1. Entity ID Number 99459 | | 2. Exact name of the Corporation TPC ASSOCIATES, INC. | | | |
| 3. Principal Office Address 101 Plain Street | | City Providence | | State RI | Zip 02903 |
| 4. NAICS Code <input type="checkbox"/> | 6. Brief description of the character of business conducted in Rhode Island Own, manage, and operate a school for special education; to deal with or in any services incidental thereto | | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Glenn Silvia | | | Vice-President Name Vivian M. Tavares | | |
| Street Address 54 Pleasant Street, P.O. Box 521 | | | Street Address 591 Warren Avenue | | |
| City Greenville | State RI | Zip 02828 | City Swansea | State MA | Zip 02777 |
| Secretary Name Vivian M. Tavares | | | Treasurer Name Vivian M. Tavares | | |
| Street Address 591 Warren Avenue | | | Street Address 591 Warren Avenue | | |
| City Swansea | State MA | Zip 02777 | City Swansea | State MA | Zip 02777 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | | | |
| This information is currently of record in the Department of State. | | | | | |
| Changes require an additional filing. | | | | | |
| 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE | |
| 750 | | Common | | No Par | |
| | | | | | |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. | | | | | |
| 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. | | | | | |
| Name of Authorized Representative Vivian M. Tavares | | | | | Date 2/14/17 |
| Signature of Authorized Representative <i>Vivian M. Tavares</i> | | | | | |

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

FILED
FEB 17 2017
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FORM 630 - Revised: 02/2017