



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

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 2017 MAR 20 PM 12:16

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.

1. Entity ID Number 133177	2. Exact name of the Corporation ADOPT A DOCTOR / STATES OF RHODE ISLAND
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island Nonprofit that provides swimming lessons and cultural programs for inner-city youth

5. Principal Office Address 101 DYER STREET	City PROVIDENCE	State RI	Zip 02903
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6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CHERYL R. JORDAN	Vice-President Name		
Street Address 904 VILLAGE ROAD E	Street Address		
City NORWOOD State MA Zip 02062	City	State	Zip
Secretary Name RAFAEL ADAMES	Treasurer Name CONSTANCE F. JORDAN, ESQ		
Street Address 125 LEXINGTON AVENUE	Street Address 904 VILLAGE ROAD E		
City PROVIDENCE State RI Zip 02907	City NORWOOD	State MA	Zip 02062

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 JOHANNA HARRIS	Director Name JUDY LITOFF		
Street Address 56 JOHN STREET	Street Address 248 MORRIS AVENUE		
City PROVIDENCE State RI Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name PATSEA COBB	Director Name CHARLAYNE OSBORNE		
Street Address 1 FITCHBURG STREET	Street Address 459 PROMENADE ST		
City SOMERVILLE State MA Zip 02143	City PROVIDENCE	State RI	Zip 02908

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 Ray Rickman ex director	Date 3-14-2017
Signature of Officer/Authorized Representative RAY RICKMAN - <i>Ray Rickman</i>	

FILED

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