



**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

**Foreign Non-Profit
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: 2017

1. Corporate ID No. 000111359

2. Name of Corporation COMMUNITY SOLUTIONS, INC.

3. State of Incorporation

State: CT

4. Corporate Address in Rhode Island

No. and Street: 344 HOPKINS HILL ROAD

City or Town: COVENTRY

State: RI Zip: 02816 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

OPERATES SHELTERS FOR YOUTH, PROVIDES SERVICES TO AT-RISK POPULATIONS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	ROBERT D PIDGEON	340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 USA
CEO	ROBERT PIDGEON	340 W NEWBERRY RD BLOOMFIELD, CT 06002 USA
CFO	MARLENE THOMAS	340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 USA
BOARD CHAIR	WILLIAM FIOCCHETTA	340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 USA

BOARD VICE CHAIR	LOUIS TODISCO	340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 USA
BOARD TREASURER	CARLOS VALINHO	340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 USA
BOARD SECRETARY	BARRY TOTH	340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 USA
DIRECTOR	AKIN FADEYI	340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 USA
DIRECTOR	JOEL DAVIDSON	340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 USA
DIRECTOR	JOYCE BURRELL	340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 3 Day of April, 2017 at 1:56:15 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 ROBERT PIDGEON
Signature of Authorized Person

Form No. 631
Revised 09/07

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