



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

Annual Report for the year:
Non-Profit Corporation

2017

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2017 APR - 3
PM 4:10

1. Entity ID Number 001659042		2. Exact name of the Corporation Rhode Island Seniors Association	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island We formed to bring seniors in the state of R.I. together to improve all of our lives	
5. Principal Office Address 166 Camp Street		City Providence	State RI
		Zip 02906	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Donald J Lopes		Vice-President Name Patricia Alves	
Street Address 166 Camp Street		Street Address 36 Evergreen Street	
City Providence	State R.I.	City Providence	State R.I.
Zip 02906		Zip 02906	
Secretary Name Erma Lopes		Treasurer Name Vera Wilson	
Street Address Woodbine Street		Street Address 48 Firglade Street	
City Providence	State R.I.	City Providence	State R.I.
Zip 02906		Zip 02906	
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 Donald J Lopes		Director Name Erma Lopes	
Street Address 166 Camp Street		Street Address 97 Woodbine Street	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name Patricia Alves		Director Name Vera Wilson	
Street Address Evergreen Street		Street Address 48 Firglade Street	
City Providence	State R.I.	City Providence	State R.I.
Zip 02906		Zip 02906	
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 Donald J Lopes			Date 4-3-17
Signature of Officer/Authorized Representative <i>Donald J Lopes</i>			FILED
			APR 03 2017

BY C15140578 4:28