



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

Annual Report for the year: 2017  
 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.

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1. Entity ID Number <b>001659042</b>	2. Exact name of the Corporation <b>Rhode Island Seniors Association</b>
3. State of Incorporation <b>R.I.</b>	4. Brief description of the character of business conducted in Rhode Island <i>We formed to bring seniors in the state of R.I. together to improve all of our lives</i>

5. Principal Office Address <b>166 Camp Street</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
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6. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Donald J Lopes</b>			Vice-President Name <b>Patricia Alves</b>		
Street Address <b>166 Camp Street</b>			Street Address <b>36 Evergreen Street</b>		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02906</b>
Secretary Name <b>Erma Lopes</b>			Treasurer Name <b>Vera Wilson</b>		
Street Address <b>Woodbine Street</b>			Street Address <b>48 Firglade Street</b>		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02906</b>

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <b>Donald J Lopes</b>			Director Name <b>Erma Lopes</b>		
Street Address <b>166 Camp Street</b>			Street Address <b>97 Woodbine Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>Patricia Alves</b>			Director Name <b>Vera Wilson</b>		
Street Address <b>Evergreen Street</b>			Street Address <b>48 Firglade Street</b>		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02906</b>

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 <b>Donald J Lopes</b>	Date <b>4-3-17</b>
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Signature of Officer/Authorized Representative <i>Donald J Lopes</i>	<b>FILED</b> APR 03 2017
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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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