



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

Annual Report for the year:
Non-Profit Corporation

2016.

- 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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BUS SVCS DIV
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1. Entity ID Number <u>001659042</u>		2. Exact name of the Corporation <u>Rhode Island Seniors Association</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>We formed to bring seniors in the state of R.I. together to improve all of our lives</u>	
5. Principal Office Address <u>166 Camp Street</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Donald J Lopes</u>		Vice-President Name <u>Patricia Alves</u>	
Street Address <u>166 Camp Street</u>		Street Address <u>30 Evergreen Street</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02906</u>		Zip <u>02906</u>	
Secretary Name <u>Erma Lopes</u>		Treasurer Name <u>Vera Wilson</u>	
Street Address <u>Woodbine Street</u>		Street Address <u>48 Firglade Street</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02906</u>		Zip <u>02906</u>	
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 <u>Donald J Lopes</u>		Director Name <u>Erma Lopes</u>	
Street Address <u>166 Camp Street</u>		Street Address <u>97 Woodbine Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02906</u>	
Director Name <u>Patricia Alves</u>		Director Name <u>Vera Wilson</u>	
Street Address <u>Evergreen Street</u>		Street Address <u>48 Firglade Street</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Providence</u>	State <u>R.I.</u>
Zip <u>02906</u>		Zip <u>02906</u>	
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 <u>Donald J Lopes</u>			Date <u>4-3-17</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			FILED

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BY C15140578 4:27