RI SOS Filing Number: 201744977580 Date: 6/7/2017 4:00:00 PM

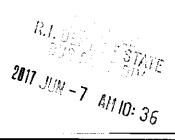


State of Rhode Island and Providence Plantations

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.

1. Entity ID Number	2. Exact name of the Corporation				
124587	GREATEN PROVINDENCE Area NA				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island DEVE LOP CORDINATE AND MAINTAN SERVICE ON BEHALF ON NARCTICS AND MAINTAN FOR PEOPLE RECOVERY				
4. NAICS Code 4 24190	for AddioTs				
6. Principal Office Address			City	State	Zip
PO BOX 72772-02908			PROV	RI	02908
7. List ALL officers (names and add	Check the	e box to indicate a	n attachment		
President Name WANDA BROWN			Vice-President Name		
Street Address 2 CROWN ST			Street Address		
City PROV	State	^{Zip} 2909	City	State	Zip
Secretary Name			Treasurer Name ROBERT SAUNDERS		
Street Address			Street Address PONTIAC AVE APT 1204		
City	State	Zip	CityCRANSTON	State T	02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name RAUMOND DIONNIE			Director Name ten Rocha		
Street Address Thomas Leigh TUN BVD			Street Address 5 Fobe 5 ST		
Cumberland	State T	32864	cirkiven Sloe	State RI	02415
Director Name			SULLY DOBARROS		
Street Address			Street Address 155701 GATE RD		
City	State	Zip	CityWARWICK	State PT	Zip
9. 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 Represe				Date 6 - 7 -	17
Signature of Officer/Authorized Representative			FILED		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

JUN 07 2017
BY 6 305 386