



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.

R.I. DEPT. OF STATE
BUS. SERVICES DIV.
2017 JUN -7 AM 10:36

1. Entity ID Number 124587		2. Exact name of the Corporation GREATER PROVIDENCE AREA NA	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island DEVE LOO COORDINATE AND MAINTAIN SERVICE ON BEHALF ON NARCOTICS ANONYMOUS for people people Recovering for Addicts	
4. NAICS Code 624190			
6. Principal Office Address PO BOX 72772-02908		City PROV	State RI Zip 02908
7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name WANDA BROWN		Vice-President Name	
Street Address 2 CROWN ST		Street Address	
City PROV	State RI	Zip 02909	
Secretary Name		Treasurer Name ROBERT SAUNDERS	
Street Address		Street Address 825 PONTIAC AVE APT 1204	
City	State	Zip	
			City CRANSTON State RI Zip 02910
8. 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 RAYMOND DIONNIE		Director Name Deter Rocha	
Street Address 74 THOMAS HEIGHTON BVD		Street Address 175 FOLDS ST	
City CUMBERLAND	State RI	Zip 02864	City RIVER SIDE State RI Zip 02415
Director Name		Director Name SUHLY DEBARROS	
Street Address		Street Address 155706 GATE RD	
City	State	Zip	City WARWICK State RI 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 Representative ROBERT SAUNDERS		Date 6-7-17	
Signature of Officer/Authorized Representative Robert Saunders		FILED	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 07 2017

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