



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.

1. Entity ID Number 34779		2. Exact name of the Corporation Providence In-town Churches Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Daily Food Pantry; Friday Night Community Meal for the Homeless; Homeless services programs			
4. NAICS Code 624190 - Other Individual <input type="checkbox"/>					
6. Principal Office Address 15 Hayes St			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Keila Rodriguez			Vice-President Name Victor Arias		
Street Address 64 Hendrick St.			Street Address 760 Strawberry Field Rd		
City Providence	State RI	Zip 02908	City Warwick	State RI	Zip 02886
Secretary Name Peter McClure			Treasurer Name Paul Capuano		
Street Address 116 Chestnut St. Unit L			Street Address One Pardon's Wood Lane		
City Providence	State RI	Zip 02903	City Ea. Greenwich	State RI	Zip 02818
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 Susan LaPibus			Director Name Joshua Klemp		
Street Address One Regency Plaza Apt. 801			Street Address One Mill St. Apt. 1213		
City Providence	State RI	Zip 02903	City Tiverton	State RI	Zip 02878
Director Name Wilmar Jennings			Director Name Elena Almonte		
Street Address 12 Nicholas Brown Yard			Street Address 33 Prudence Ave.		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02909
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.					
<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 Diana D. Burdett, Executive Director				Date May 25, 2017	
Signature of Officer/Authorized Representative <i>Diana D. Burdett</i>				FILED JUN 07 2017	

MAIL TO:
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Website: www.sos.ri.gov

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Board of Directors – Providence In-town Churches Association
(continued)

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