



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 <u>65116</u> | | 2. Exact name of the Corporation <u>COVENTRY FRIENDS OF HUMAN SERVICES</u> | | |
| 3. State of Incorporation <u>RHODE ISLAND</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>The Provision of Comprehensive Social Services to Residents in Coventry, RI</u> | | |
| 4. NAICS Code <u>624120</u> | | | | |
| 6. Principal Office Address <u>50 Wood Street</u> | | City <u>Coventry</u> | State <u>RI</u> | Zip <u>02816</u> |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| President Name <u>Ernest Rusack</u> | | Vice-President Name <u>Lois Tallman</u> | | |
| Street Address <u>4 Manchester Circle Apt B</u> | | Street Address <u>114 Reservoir Road</u> | | |
| City <u>Coventry</u> | State <u>RI</u> | Zip <u>02816</u> | City <u>Coventry</u> | State <u>RI</u> |
| Secretary Name <u>Iomarie Fabian</u> | | Treasurer Name <u>NONE</u> | | |
| Street Address <u>40 Mohawk Street</u> | | Street Address <u>NONE</u> | | |
| City <u>Coventry</u> | State <u>RI</u> | Zip <u>02816</u> | City <u>NONE</u> | State <u>NONE</u> |
| 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 <u>Ernest Rusack</u> | | Director Name <u>Patricia Shurtleff</u> | | |
| Street Address <u>4 Manchester Circle Apt B</u> | | Street Address <u>50 Wood Street</u> | | |
| City <u>Coventry</u> | State <u>RI</u> | Zip <u>02816</u> | City <u>Coventry</u> | State <u>RI</u> |
| Director Name <u>Lois Tallman</u> | | Director Name <u>NONE</u> | | |
| Street Address <u>114 Reservoir Road</u> | | Street Address <u>NONE</u> | | |
| City <u>Coventry</u> | State <u>RI</u> | Zip <u>02816</u> | City <u>NONE</u> | State <u>NONE</u> |
| 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 <u>Ernest Rusack</u> | | | Date <u>06-01-2017</u> | |
| Signature of Officer/Authorized Representative <u>Ernest Rusack</u> | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

RV

JUN 07 2017

3495