



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.

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BUS SVCS DIV

2017 JUN 12 PM 1:08

1. Entity ID Number 485286		2. Exact name of the Corporation Lifelong Learning Collaborative	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide mature adults with varied opportunities for lifelong learning - classes, lectures, cultural events	
4. NAICS Code 624190			
6. Principal Office Address 25 Kenilworth Way		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sam Shannon		Vice-President Name David Hansen	
Street Address 200 Exchange St., Apt 1117		Street Address 25 Kenilworth Way	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02860	
Secretary Name Carol Hoppe		Treasurer Name Dennis Flavin	
Street Address 300 Front St #506		Street Address	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02903	
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 Hamilton Allen		Director Name Martha Cusker	
Street Address 112 Everett Ave		Street Address 50 Community Drive	
City Providence	State RI	City Craston	State RI
Zip 02906		Zip 02905	
Director Name Marsha Cain		Director Name Catherine Hurst	
Street Address 28 Cuddy Rock Road		Street Address 333 Atwells Ave #211	
City N. Kingstown	State RI	City Providence	State RI
Zip 02882		Zip 02903	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative David E Hansen - Vice President			Date 6/12/17
Signature of Officer/Authorized Representative <i>David E Hansen</i>			

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

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BY *ch* 305787

FORM 631 - Revised: 05/2017

Living Learning Collaborative - ID No 485286

Additional Directors:

Lois Kemp
16 Lantern Lane
Barrington, RI 02806

Robert Martin
300 Front St., Apt #201
Pawtucket, RI 02860

Nancy Nauk
60 Ridge St. #2
Pawtucket, RI 02860

Linda Shamoon
200 Exchange St., Apt 1117
Providence, RI 02903

Sam Ventres
8 Echo Drive
Barrington, RI 02806

Kathy Webster
1 Cedar Meadows Rd
Smithfield, RI 02917

Michael Webster
1 Cedar Meadows Rd
Smithfield, RI 02917