



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 546908		2. Exact name of the Corporation BRICK ALLEY CARES	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NON PROFIT - Giving Services	
4. NAICS Code 813219			
6. Principal Office Address 140 Thames St		City Newport	State RI
		Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PATRICIA S PLUMB		Vice-President Name RALPH H PLUMB JR	
Street Address 144 Fischer Circle		Street Address 144 Fischer Circle	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02871		Zip 02871	
Secretary Name MATTHEW PLUMB		Treasurer Name THOMAS DESMOND	
Street Address 140 Thames St		Street Address 132 Boulevard	
City Newport	State RI	City Middletown	State RI
Zip 02840		Zip 02840	
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 PATRICIA S PLUMB		Director Name MATTHEW PLUMB	
Street Address 144 Fischer Circle		Street Address 140 Thames St	
City PORTSMOUTH	State RI	City Newport	State RI
Zip 02871		Zip 02840	
Director Name THOMAS DESMOND		Director Name	
Street Address 132 Boulevard		Street Address	
City Middletown	State RI	City	State
Zip 02840		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.			
<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 PATRICIA S PLUMB			Date 6/19/17
Signature of Officer/Authorized Representative <i>Patricia S Plumb</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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