



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 44370		2. Exact name of the Corporation Benjamin Church Senior Center			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Charitable and Educational Purposes			
5. Principal office address 1020 Hope Street		City Bristol		State RI	Zip 02809
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Maria Ursini, Pro Tem			Vice-President Name		
Street Address 40 Kingwood Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Veronica Dionne			Treasurer Name Robert Marshall		
Street Address 63 High St.			Street Address 1014 Hope St.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Rita Minutelli			Director Name Susan Resare		
Street Address 1014 Hope St. AA-4			Street Address 7 Wayland Rd		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Valzumira Bottigliri			Director Name Marjorie Prena		
Street Address 71 Fales Rd			Street Address 1014 Hope St P-1		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative **Maria Ursini** Director **6/12/17**
 Date

Print or Type Name of Officer or Authorized Representative **Maria Ursini**



Benjamin Church

Senior Center

www.bristolsrctr.org

Board of Directors

Chair **Vacant**

1020 Hope Street, Bristol

Secretary **Veronica Dionne**

363 High Street, Bristol

Assistant Treasurer **Robert Marshall**

1014 Hope Street, Bristol

Directors

Valzumira Bottigliri

71 Fales Road, Bristol

Josephine Lero (Life Time Member)

74 Cliff Drive, Bristol

Rita Minutelli

32 Platt Street, Bristol

Marjorie Prenda

1014 Hope Street Apt. P-1

Susan Resare

7 Wayland Road, Bristol

Bristol Housing Authority - Candace Pansa

Benjamin Church Home of Aged Men Emma Brown—Trustee

1020 Hope Street | Bristol, RI 02809 | Tel: 401-253-8458 | Fax 401-253-8009

It's nice to be important, but it's more important to be nice.

FILED

JUN 23 2017

BY

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