RI SOS Filing Number: 201746613170 Date: 6/23/2017 4:00:00 PM

ARITHURE.

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.

Entity ID Number	2. Exact name	on		* <del>************************************</del>			
43028	Welcome Ho	unty					
3. State of Incorporation	5. Brief descrip	5. Brief description of the character of business conducted ir Rhode Island					
Rhode Island	PRIVATE NO	PRIVATE NON-PROFIT					
4. NAICS Code	1						
624221 - Temporary Shelters							
6. Principal Office Address			City		State	Zip	
8 North Road			Peace Dale		RI	02879	
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Helen Drew			Vice-President Name San	incite! Slade			
Street Address 8 Pinecrest Road			Street Address 170 Meac	agow Tree Farm Road			
City Carolina	State RI	Zip 02812	City Saunderstown	***	State RI	<sup>Zip</sup> <b>02874</b>	
Secretary Name Leah Babit			Treasurer Name Kate Bre	e vster			
Street Address 232 Washington Street			Street Address 360 Pine	ill Road			
City Warwick	State RI	<sup>Zip</sup> 02888	City Wakefield		State RI	<sup>Zip</sup> 02879	
8. List ALL directors (names and a	ddresses). RI Co	rporations MUST	list at least THREE director.		ck the box to indi	cate an attachment	
Director Name Kenneth Abrams			Director Name lan Know		and their makes for the con-	cate an accomment	
Street Address 94 Elna Street			Street Address 23 Crest	Pont Driv∋			
City North Kingstown	State RI	<sup>Zip</sup> 02852	City Richmond		State RI	Zip 02812	
Director Name Roberta Richman			Director Name Peter Pe:	· · <del></del> ·			
Street Address 24 Sweet Fern Lane			Street Address South H:	view Drive			
City Peace Dale	State RI	<sup>Zip</sup> <b>02879</b>	City Narragansett		State RI	Zip <b>02882</b>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State.							
Under penalty of perjury, I declar statements, and that all statemen	e and affirm tha its contained he	t I have examine erein are true an	ed this report, including a. d correct.	y accomp	anying sched	ules and	
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorize				Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative					Date		
Joseph Dziobek					06/20/2017		
Signature of Officer Authorized Rep.	resentative		eu ED				
	P			AND 1 15			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

JUN 2 3 2017 02

FORM 631 - Revised: 06/2017

## **Board of Directors List**

## 6/19/17

## Officers

Helen Drew Chairperson 8 Pinecrest Rd., Carolina, RI 02812

Sam Slade Vice-Chair 170 Meadow Tree Farm Rd., Saunderstown, RI 02874

Leah Babit Secretary 232 Washington St., Warwick, RI 02888

Kate Brewster Treasurer 360 Pine Hill Rd., Wakefield, RI 02879

**Directors** 

Ken Abrams 94 Elna St., North Kingstown, RI 02852

lan Knowles 23 Crestmont Dr., Richmond, RI 02812

Roberta Richman 24 Sweet Fern Lane, Peace Dale, RI 02879

Peter Pezzelli South Hillview Drive, Narragansett, RI 02882

George Herchernoether 30 Acorn Ct., G2, South Kingstown, RI 02879

Dianne Lemay 117 Main St., Wakefield, RI 02879

Bob Selle 164 Plain Rd., North Kingstown, RI 02874

Wally Young 56 East Park Lane, Kingston, RI 02881-1799