



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000164204

2. Name of Corporation Providence After School Alliance, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624110

4. Corporate Address in Rhode Island

No. and Street: 81 CARPENTER STREET

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO MOBILIZE, COORDINATE AND SUPPORT THE NETWORK OF EXISTING PROVIDENCE AFTER SCHOOL PROGRAM PROVIDERS, AND TO ASSIST IN BUILDING THE CAPACITY OF THE CITY OF PROVIDENCE AND NON-PROFIT PROVIDERS OF AFTER SCHOOL PROGRAMS TO INCREASE ACCESS TO

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	THE HONORABLE JORGE ELORZA	PROVIDENCE CITY HALL 25 DORRANCE STREET PROVIDENCE, RI 02903 USA
TREASURER	BENJAMIN MCGUIRE	ONE INTERNATIONAL PLACE BOSTON, MA 02110 USA
SECRETARY	MARGARET FARRELL	50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903 USA
VICE PRESIDENT	ALISON EICHLER	50 BENEFIT STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JULIA BUSH	59 IRVING AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	CHRISTOPHER MAHER	797 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	CAROL GRANT	53 BRETON AVENUE PROVIDENCE , RI 02906 USA
DIRECTOR	JENNIFER KROLL	272 GANO STREET PROVIDENCE, RI 02906 USA
DIRECTOR	TOOTS ZYNSKI	216 OLNEY STREET PROVIDENCE, RI 02906 USA
DIRECTOR	EDWARD GIVENS	78 WINONA STREET PROVIDENCE, RI 02904 USA
DIRECTOR	RACHEL COLAIACE	23 EAST MANNING STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JUSTIN REID	15 ADELPHI AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	COL. HUGH CLEMENTS	325 WASHINGTON STREET PROVIDENCE, RI 02903 USA
DIRECTOR	ROBERT GOGUEN	951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	ELANA ROSENBERG	141 DOYLE AVENUE APT #3 PROVIDENCE, RI 02906 USA
DIRECTOR	NOEL SANCHEZ	97 NIAGRA STREET PROVIDENCE, RI 02907 USA
DIRECTOR	JILLIAN SULLIVAN	185 TANGLEWOOD STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	JULIE ANDREWS	294 WAYLAND AVE PROVIDENCE, RI 02906 USA
DIRECTOR	JOE DEVINE	65 PARTRIDGE RUN EAST GREENWICH, RI 02818 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOSHUA TEVEROW, ESQ. 55 PINE STREET PROVIDENCE , RI 02903

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

Signed this 29 Day of June, 2017 at 12:46:23 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BENJAMIN MCGUIRE
Signature of Authorized Person

Form No. 631
Revised 09/07

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