



**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.** 001338408

**2. Name of Corporation** Rhode Island Coalition For Children & Families Education Fund, 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   
813319

**4. Corporate Address in Rhode Island**

No. and Street: 623 ATWELLS AVE, 2ND FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02909 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**

PROVIDING PUBLIC EDUCATION AND TRAINING, ENGAGING IN RESEARCH AND CONDUCTING RELATED ACTIVITIES TO PROMOTE THE WELL BEING OF CHILDREN YOUTH AND FAMILIES

**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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	JOANNE MCGUNAGLE	1347 NARRAGANSETT BLVD CRANSTON, RI 02905 USA
CLERK	CRAIG GORDON	49 WHITE AVENUE RIVERSIDE, RI 02915 USA
CHAIRPERSON	BENEDICT F LESSING JR	40 DIMOND AVENUE BRISTOL, RI 02809 USA
VICE-CHAIR	DARLENE ALLEN	12 EXETER STREET PROVIDENCE, RI 02906 USA
DIRECTOR	MARTY SINNOTT	16 CRANSTON AVENUE NEWPORT, RI 02840 USA
DIRECTOR	LISA GUILLETTE	252 JASTRAM AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	WILLIAM LYTTLE	441 DEPOT STREET S. EASTON, MA 02375 USA
DIRECTOR	STEPHANIE HOLLEY	9526 GUN HILL CIRCLE NOTTINGHAM, MA 02136 USA
DIRECTOR	JOHN FARLEY	134 THURBERS AVENUE, PO BOX 6688 CRANSTON, RI 02940 USA
DIRECTOR	BETH LEMME BIXBY	215 WASHINGTON STREET WEST WARWICK, RI 02893 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**

FRANK X. MCMAHON 4 RICHMOND SQUARE, SUITE 300 PROVIDENCE , RI 02906

**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 5:58:29 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 TANJA F. KUBAS-MEYER  
Signature of Authorized Person

Form No. 631  
Revised 09/07