



**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.** 000029988

**2. Name of Corporation** Frank Olean Center, 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

**4. Corporate Address in Rhode Island**

No. and Street: 93 AIRPORT ROAD  
City or Town: WESTERLY State: RI Zip: 02891 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 PROMOTE GENERAL WELFARE AND PROVIDE SERVICE TO THE MENTALLY AND PHYSICALLY DISABLED

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	JOAN GRADILONE	7 WILDFLOWER DR WESTERLY, RI 02891 USA
TREASURER	DAVE KMETZ	15 DANIELLE AVE WESTERLY, RI 02891 USA
VICE PRESIDENT	RICK HARLEY	5 DON ROSS ROAD WESTERLY, RI 02891 USA
DIRECTOR	PETER DEL GIUDICE	62 FRANKLIN ST-115 WESTERLY, RI 02891 USA
DIRECTOR	EVIE MARTIN	4 WHITE ST WESTERLY, RI 02891 USA
DIRECTOR	JOANNA VALENTINI	6 BRASS RING RD WESTERLY, RI 02891 USA
DIRECTOR	ANNE WOOD DR.	PO BOX 38 CHARLESTOWN, RI 02813 USA
DIRECTOR	WILLIAM NARDONE	38 WICKLOW ROAD WESTERLY, RI 02891 USA
DIRECTOR	PAUL YUROF	20 CEDARWOOD DRIVE HOPE VALLEY, RI 02832 USA
DIRECTOR	BETHANY LYONS	11 STONY HILL DRIVE MYSTIC, CT 06355 USA
DIRECTOR	CHERYL LANCE	12 CLAY STREET WESTERLY, RI 02891 USA
DIRECTOR	JOHN LANTERMAN	6 RIIDAM WAY CHARLESTOWN, RI 02813 USA
DIRECTOR	JOHN NICOLOSI	160 CLEARVIEW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	PETER MANERI	17 EAST FAIRWAY AVENUE WESTERLY, RI 02804 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**

ROBERT A. MASTROFINO RIARC, INC. 93 AIRPORT ROAD WESTERLY , RI 02891

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

**Signed this 30 Day of June, 2017 at 1:18:46 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 ROBERT A MASTROFINO, CPA  
Signature of Authorized Person

Revised 09/07

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