



**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.** 000029893

**2. Name of Corporation** Rhode Island Council of Resource Providers for Children, Youth, and Families Incorporated

**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

6

813319

**4. Corporate Address in Rhode Island**

No. and Street: 55 SOUTH BROW STREET

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

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 BE A LEADING VOICE PROMOTING EXCELLENCE IN CARE FOR CHILDREN, YOUTH AND FAMILIES IN RHODE ISLAND

**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**Incorporator is no longer applicable; please delete**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	FRANCES MURPHY	55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914 USA
PRESIDENT	FRANCES MURPHY MS	55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914 USA
TREASURER	LOUIS E CAVALIERE MR	55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914 USA
SECRETARY	EILEEN HERNANDEZ MS	55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914 USA
VICE PRESIDENT	LOUIS E CAVALIERE MR	55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914 USA
DIRECTOR	DAN OGRADY MR	55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ELIZABETH ISON MS	55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914 USA
DIRECTOR	MAUREEN DONNELLY MS	55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914 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**

KIMBERLY ROSE 55 SOUTH BROW STREET EAST PROVIDENCE , RI 02914

**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 2:24:46 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 FRANCES MURPHY  
Signature of Authorized Person

Form No. 631  
Revised 09/07