



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.

1. Entity ID Number 59434		2. Exact name of the Corporation FRIENDS of WARWICK SENIOR CENTERS INC			
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 624120		ONCE a month BINGO			
6. Principal Office Address 27 PILGRIM PARKWAY			City WARWICK	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ELAINE BARTHOLEMEN			Vice-President Name VERTEAL PATTERSON		
Street Address 31 SAGAMORE STREET			Street Address 119 Rodney Road		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02888
Secretary Name GAIL SHEEDY			Treasurer Name DIANA FLANAGAN		
Street Address 127 PETTIS DRIVE			Street Address 23 ALMY STREET		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ELAINE BARTHOLEMEN			Director Name VERTEAL PATTERSON		
Street Address 31 SAGAMORE STREET			Street Address 119 Rodney Road		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02888
Director Name GAIL SHEEDY			Director Name DIANA FLANAGAN		
Street Address 127 PETTIS DRIVE			Street Address 23 ALMY STREET		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02886
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Treasurer					Date 6/28/17
Signature of Officer/Authorized Representative <i>Diana Flanagan</i>					

FILED

JUN 30 2017