RI SOS Filing Number: 201746946430 Date: 6/30/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Danast fan	4la a
Allinual	Report for	tne 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.

							
Entity ID Number	2. Exact name o	f the Corporation					
59434	FRIENDS	of WARY	71ck SeNIOR CEN	tees IN	10		
3. State of Incorporation			er of business conducted in Rho				
RI							
4. NAICS Code	1						
624120	Once o	<i>month</i>	BINFO				
6. Principal Office Address			City	State	Zip		
27 PILGRIM PARKWAY			WARWICK	RF	02888		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Élaine BARTholemen			Vice-President Name VERTEAL PATTERSON				
Street Address			Street Address				
31 SACAMORE STREET			119 Rodney Road				
WARWICK	State 2	Zip 2889	City WARWICK	State	02888		
Secretary Name FAIL Sheedy			Transurar Nama		10000		
Street Address			Diana Fla Nagan Street Address				
127 Pettis DRINE			23 Almy Street				
City Warwick	State 2 1	Zip 02889	City Warwick	State	2856		
8. List ALL directors (names and ac	ddresses). Ri Corp		t at least THREE directors.				
District. No.			In .	Check the box to indic	ate an attachment		
Director Name Elaine Brotholemen			Director Name Uerteel Patterson				
Street Address 3 SAGUMARO STREET			Street Address 119 RODNEY ROAC				
WARWICK	State P	2ip 01889	City	State	Zip 02888		
Director Name ,		10001	Director Name	<u></u>			
Street Address			DIANA FLANAGUN				
127 Pettis Drive			Street Address 23 AIMU TREET				
City WARWICK	State	Zip	City	State	2ip 02886		
	1	Currently of record	in the Department of State Change	s require filing Form 64	1		
 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 Repres			Date	1,-			
Treasure of Officer/Authorized Penrocentative							
Signature of Officer/Authorized Representative FILED							
AN TO							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 3 0 2017 OV