



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

- 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 000071579		2. Exact name of the Corporation East Bay Retired Senior Volunteer Program (RSVP)			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Providing a variety of opportunities for seniors aged 55 or older to participate in their community through volunteer service.			
4. NAICS Code 81					
6. Principal Office Address 610 Waterman Avenue			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra Sullivan			Vice-President Name Allison Broome		
Street Address 565 Forbes Street			Street Address 42 Dunbar Avenue		
City Riverside	State RI	Zip 02915	City Rumford	State RI	Zip 02916
Secretary Name Muriel Thompson			Treasurer Name Carmela Hazzard-Viera		
Street Address 3042 Pawtucket Avenue Apt #301			Street Address 4 Carousel Drive		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 02915
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 Anna Howes			Director Name Patricia Thomas		
Street Address 243 Crescent View Avenue Apt #D2013			Street Address 157 Wilmarth Avenue		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Director Name Paula Bradley			Director Name Susan Doyle		
Street Address 122 Viking Drive			Street Address 2936 Pawtucket Avenue Apt #105		
City Portsmouth	State RI	Zip 02871	City Riverside	State RI	Zip 02915
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Sandra Sullivan				Date 6/28/2017	
Signature of Officer/Authorized Representative <i>Sandra Sullivan</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUL 05 2017

FORM 631 - Revised: 05/2017

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