



**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.** 000045222

**2. Name of Corporation** Rhode Island Directors Association for Senior Citizens Programs, 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: 39 STATE STREET

WESTERLY SENIOR CENTER

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 WORK IN PURSUIT OF PROGRAM DEVELOPMENT, FUNDING AND IMPLEMENTATION OF SENIOR SERVICES STATEWIDE

**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**Incorporator is no longer applicable; please delete**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	MANNY MURRAY	56 FAIRVIEW AVENUE COVENTRY, RI 02816 USA
TREASURER	DON L. REYNOLDS	54 STATE STREET WESTERLY, RI 02891 USA
SECRETARY	MICHELLE VEKAKIS	11 TARPON LANE CHARLESTOWN, RI 02813 USA
SECRETARY	ERIN MCANDREW	12 CLEVELAND STREET, APT. B WAKEFIELD, RI 02879 USA
VICE PRESIDENT	KAREN ARMSTRONG	117 ARNOLD STREET LINCOLN, RI 02865 USA
DIRECTOR	LOIS DURKIN	2970 MENDON ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	MARY LOU MORAN	43 BETHANY LANE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ANTHONY ZOMPA	40 BEECHNUT DRIVE JOHNSTON, RI 02919 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**

DON L. REYNOLDS WESTERLY SENIOR CITIZENS CENTER 39 STATE STREET 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 13 Day of July, 2017 at 2:16:28 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 DONALD L. REYNOLDS  
Signature of Authorized Person

Form No. 631  
Revised 09/07