

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

2. Name of Corporation

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

JOHN F. SPELLMAN CENTER

125 BENTLEY STREET

4. Corporate address in Rhode Island -Street Address

(FORM MUST BE TYPED OR PRINTED IN BLACK)

5. Foreign corporation: Enter principal office address

1. Corporate ID No.

3. State of Incorporation

RHODE ISLAND

71705

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Zip

Zip

EAST PROVIDENC 02914

City

State

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

City

reel Address 25 BENTLEY STREET			Vice President Name BONNIE ABOLS		
25 BENTLEY STREET			Street Address		
			121 JOHN STREET	<b>.</b> .	7:4
ity	State	. Zip	City WARWICK	State R I	<i>Ζίρ</i> 02889
AST PROVIDENCE	RI	02914	Treasurer Name		-
cretary Name ARY TOMASIAN			NANCY FULLER		
treet Address 143 OAK HILL AVENUE	:		Sireci Address  12 EVA STREET		<b>-</b> .
lity	State	Zip	City	State	Zip
TTLEBORO	MA	02703	PROVIDENCE	RI	02908
8. NAMES AND ADDRESSE THE NUMBER OF DIR	ES OF THE D	IRECTORS ("X" BOX F A DOMESTIC (RHODE IS	FOR ATTACHMENT) 🗍 FILL IN SPAC SLAND) CORPORATION <u>SHALL NOT I</u>	ES BEFORE USIN BE LESS THAN TH	G ATTACHMENTS <u>IREE (3)</u> .R.I.G.L 7-5-23
irector Name			Director Name		
ARIA OKWARA			ROBIN LEWIS		
ireet Address		- •	Street Address		
125 BENTLEY STREET			1 CORLISS PARK		
City	State	¹ Zip	City	State	Zip
EAST PROVIDENCE	RI	02914	PROVIDENCE	RI	02908
Director Name MARY LOMASTRO			Director Name		
Sireei Address 96 RAWLINSON DRIVE			Street Address		
City	State	Zip	City	State	Zip
COVENTRY	RI	02816	•		
9. REGISTERED AGENT II Igent Name	N RHODE IS	LAND -DO NOT ALTER-	Changes require filing of Fo  Address	rm 641 -R.I.GL	7-6-13 / 7-6-78
EARNEST OKWARA					
1ddress			City	Zij	9
125 BENTLEY STREET			EAST PROVIDENCE	0	2914
This report must be signed	t in ink by e	ither the President, Vi	ice President, Secretary, Assistan	t Secretary, Tre	asurer, Receiver or Trust
	1411 <b>1</b> 3141 <b>1</b> 31				
7 1			Under penalty of perjury this report, peluding any a(id that all glatements of	y accompanying so	hedules and statements.
File Dute 7-1/-	~				6/30/05
			Signature of Officer		Date
Check No. OF 53	<u> </u>	<del></del>	EARNEST OF		
By:			PRESIDENT		
FOR SECRETARY OF STATE	USE ONLY	_	Title of Officer		Form 631 Rev. 6



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

i. Corporate ID No. 71705	2. Name of Corp				
	1	ELLMAN CENTER		· · ·	· · · · · · · · · · · · · · · · · · ·
3. State of Incorporation	4. Corporate adi	dress in Rhode Island -Stree	i Address	City	Zip
RHODE ISLAND	125 BENTI	EY STREET		EAST PROVI	
Foreign corporation: Enter principal office address			City	State	Zip
6. Brief Description of the chard		·	in Rhode Island ING, ADVOCACY, REFERRAL	AND SUPPORT SER	VICES.
TO DUDITION IN DISSUED					
7. NAMES AND ADDRES. President Name EARNEST OKWARA	SES OF THE OF	FICERS ("X" BOX FO	RATTACHMENT)   FILL IN SPAC Vice President Name BONNIE ABOLS	CES BEFORE USING	TTACHMENTS
Street Address			Street Address		
125 BENTLEY STREET	<u>г</u>		.121 JOHN STREET		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914	.WARWICK	RI	02899
ecretary Name MARY TOMASIAN			Treasurer Name NANCY FULLER		
Street Address	_		Street Address		
843 OAKHILL AVENU			.12 EVA STREET		·-··
Ciry	State	Zip	City	State	Zip
ATTLEBORO	MA	102703	PROVIDENCE  OR ATTACHMENT) ☐ FILL IN SP.	RI	02908
THE NUMBER OF E				<u> </u>	
Director Name ROBIN LEWIS			Director Name MARIA OKWARA		
Director Name ROBIN LEWIS Street Address	* * * * * * * * * * * * * * * * * * * *		Director Name MARIA OKWARA Street Address		
Director Name  ROBIN LEWIS  Wreet Address  11 CLYDE STREET			Director Name MARIA OKWARA Street Address 125 BENTLEY STRE	ET	17ip
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City	State   R I	Zip   02860	Director Name MARIA OKWARA Street Address 125 BENTLEY STRE		Zip   02914
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City  PAWTUCKET	State	Zip	Director Name MARIA OKWARA Street Address 125 BENTLEY STRE City EAST PROVIDENCE	ET   State	1 7
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City PAWTUCKET  Director Name  MARY LOMASTRO	State	Zip	Director Name  MARIA OKWARA  Street Address  125 BENTLEY STRE  City EAST PROVIDENCE  Director Name	ET   State	1 7
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City  PAWTUCKET  Director Name  MARY LOMASTRO  Street Address  96 RAWLINSON DRIV	State RI	Zip	Director Name MARIA OKWARA Street Address 125 BENTLEY STRE City EAST PROVIDENCE	ET   State	1 7
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City PAWTUCKET  Director Name  MARY LOMASTRO  Street Address  96 RAWLINSON DRIV	State RI	Zip	Director Name  MARIA OKWARA  Street Address  125 BENTLEY STRE  City EAST PROVIDENCE  Director Name	ET   State	1 7
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City  PAWTUCKET  Director Name  MARY LOMASTRO  Street Address	State RI	<i>Zip</i>  02860	Director Name MARIA OKWARA Street Address 125 BENTLEY STRE City EAST PROVIDENCE Director Name Smeet Address	ET  State   RI	02914
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City  PAWTUCKET  Director Name  MARY LOMASTRO  Street Address  96 RAWLINSON DRIV.  City  COVENTRY	State RI E State RI	Zip   02860   Zip   02816	Director Name MARIA OKWARA Street Address 125 BENTLEY STRE City EAST PROVIDENCE Director Name Smeet Address	ET State RI State	02914 Zip
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City  PAWTUCKET  Director Name  MARY LOMASTRO  Street Address  96 RAWLINSON DRIV.  City  COVENTRY  9. REGISTERED AGENT	State RI E State RI	Zip   02860   Zip   02816	Director Name  MARIA OKWARA  Street Address  125 BENTLEY STRE  City EAST PROVIDENCE  Director Name  Street Address  City	ET State RI State	02914 Zip
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City  PAWTUCKET  Director Name  MARY LOMASTRO  Street Address  96 RAWLINSON DRIV  City  COVENTRY  9. REGISTERED AGENT  Igent Name	State RI E State RI	Zip   02860   Zip   02816	Director Name  MARIA OKWARA  Street Address  125 BENTLEY STRE  City  EAST PROVIDENCE  Director Name  Street Address  City  Changes require filling of F	ET State RI State	02914 Zip
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City PAWTUCKET  Director Name  MARY LOMASTRO  Street Address  96 RAWLINSON DRIV.  City COVENTRY	State RI E State RI	Zip   02860   Zip   02816	Director Name  MARIA OKWARA  Street Address  125 BENTLEY STRE  City  EAST PROVIDENCE  Director Name  Street Address  City  Changes require filling of F	ET State RI State	02914 Zip
Director Name  ROBIN LEWIS  Street Address  11 CLYDE STREET  City  PAWTUCKET  Director Name  MARY LOMASTRO  Street Address  96 RAWLINSON DRIV  City  COVENTRY  9. REGISTERED AGENT  Igent Name  EARNEST OKWARA	State RI RI State RI IN RHODE ISLA	Zip   02860   Zip   02816	Director Name  MARIA OKWARA  Street Address  125 BENTLEY STRE  City EAST PROVIDENCE Director Name  Street Address  City  Changes require filing of F	State RI  State RI  State  State  Zip	02914 Zip



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Filing Period: June 1 - June 1	<del>-</del>	e: \$20.00				
FORM MUST BE TYPED OR PR 1. Corporate ID No.	2. Name of Corporation					<u> </u>
71705	JOHN F. SPELLMAN CE	ENTER				i
3. State of Incorporation	4. Corporate address in i	Rhode Island - Street Addre	55	City (	12	Zip
RHODE ISLAND	125 BENT	LEY STREET		EAST 1/2	ovidence	02914-4949
5. Foreign corporation. Enter prin	cipal office address		Ciry	State		Zip
6. Brief Description of the characte TO DELIVER A BROAD RA	•	•	e Island. ACY, REFERRAL AND SUPPOR	RT SERVICES	<b>.</b>	
7. NAMES AND ADDRESSES	OF THE OFFICERS	"X" BOX FOR ATTACH	MENT) FILL IN SPACES BI	FORE USIN	G ATTACH	MENTS
President Name EARNES	ST DKWA	-EA	Vice President Name BOUM	E AL	3XL5	
Sireei Address 125 BENT	LEY STREE	.7	Sircei Address 121 JoHn	J STR	LET	
CINY EAST PROVIDENCE	State RI	02914	Cin NARWICK	Siale RI	- '	02889
Secretary Name MARY	TOMASIA	J	Treasurer Name NANCY	Fu	ER	
<u></u>		EME	Street Address 12 EV		CEET	
ATTLEBORD	State MA	02703	Cin PROVIDENCE	State RI		02908
8. NAMES AND ADDRESSES THE NUMBER OF DIRECT	OF THE DIRECTORS TORS OF A DOMEST	S ("X" BOX FOR ATTACI CIC (RHODE ISLAND) C	HMENT) [ FILL IN THE SPACE CORPORATION SHALL NOT B	ES BEFORE	USING ATT N THREE (3	ACHMENTS 1). R.I.G.L. 7-6-23
Director Name Robin	LEMS		Director Name MARI	A (	KWA	ea 📗
Street Address   1 CORI	LISS PAR	K	Sireet Address 25 Be	Strey	1 STRE	TE]
City PROVIDENCE	State RT	02908	Ciry EAST PROVIDENCE	State RI	-	Zip 02914
Director Name MARY	LOMAST	Ĉ.	Director Name			· ·
Sireel Address 56 R	AWLINSON	DRIVE	Street Address			
CITY LOVENTRY	State RI	zip 02816	City	State.		Zip
	RHODE ISLAND - DO	NOT ALTER - Change	s require filing of Form 641 -	R.I.G.L. 7-6-1	3 / 7-6-78	· - · - · - ·
Agent Name			Address			:
EARNEST OKWARA				- I		
Address			City		Zip	
125 BENTLEY STREET			EAST PROVIDENCE		02914-	
-	7 0 5	President, Vice Presi	Under penalty of perjury, I d this report, including any acc	eclare and affi	rm that I have hedules and s	examined tatements,
File Date	11-03		Signature of Officer		Date	111/03
Check No.	<u> </u>			KWARA	·	
FOR SECRETARY OF STATE U	SE ONLY		PRESIDENT (1	CHAIRN	4N OF	THE BOATED
TORSCEREIART OF STATE U	UP OITE!		Tule of Officer			Form 631 Rev. 6/02



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

	N	ION-PROFIT	CORPORA:	<b>FICN</b>	,	
Corporate ID Nu	mber <u>DNP-71705</u>			Annual Re	eport for the yea	2002
1. The name of	f the corporation is JO	OHN F. SPELLMAI	CENTER			<u>~~~</u>
2. The state or	other jurisdiction unde	r the laws of which	it is incorporated	is RHODE ISLA	AND	
<ol> <li>The address</li> <li>02904-</li> </ol>	s of the registered offic	e of the corporation	n in this state is _	100 HOUGHTO	N STREET PRO	)VIDENCE, RI
and the nan	ne of its registered age	int in this state at t	nat address is EA	RNEST OKWAR	2A	
broad r	er of the affairs which ange of Inter V	entur train	ing, advocar	y and refe	rnal serie	Un.
5 If a foreign of incorporated	corporation, the addres	s of its principal of	fice in the state of	r other jurisdiction	n under th∉#aws ∷∷	Which it is
	ddress in Rhode Island PROV IDBICE,	125 BE PI 0291	<del></del>	TREET	= 0	REPORT FRON
7. Names and number of o	addresses of its direct directors of a domestic	ors and officers: ( (Rhode Island) col	In compliance wit poration shall not	h 7-6-23 of the R. be less than thre	I.G.L. 1956, <b>32</b> e (3).)	amerided, the
NAME	OFFI	CE		ADDRESS	,~	
ROBIN L	EMS Direc	tor <u>(</u>	ORLISS PA	RK, PROV, 1	RI 0290	8
MARIA	DKWARA Direc	tor <u>125</u>	BENTLEY S	ot, EAST Per	OV, RI OZ	2914
MARY 1	_OMASTRO Direc	ier <u>96</u>	RANLINS	on DRUE,	COVENTRY	1, RT 028/6
EARNEST	1 OKWARA Presi	dent <u>125</u>	BENTLE	M STERET	EAST PRI	N, RI 02910
BONNIE A	BOLS Vice-	President 121	JOHN ST.	WARWICK	(,RI 02,	889
MARY	OMASIAN Secre	· <u>17-1</u> 7	OAK HILL			DRO, MA 627
NANCY	fuller Treas	<u>12</u>	EVA STRI	EET, PROV	RT 029	108
Dated: 72	2/02 =	Under p	enalty of perjury, I on the control of the control		that I have exame and statements,	
	SEF	16 20112 JOHN	TICINO CONTRAINICA INC		ENTOR	
* 7 1	ς γη	7 70.1	ながをみる1 his	Okwan		
31) File Date:	NO SECULATION OF STATE OF STATE OF STATE OF STATE OF STATE OF INE	Title (1)	Chairmh	ig the	Board	
Check No.:	ANJ RECEIVED	) (		t must be signed	by an officer)	
Зу:			- <del>-</del> -		Form No. 6 Revised 5	
<u>-</u>						

- S



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State **Corporations Division** 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

		NO	N-PKOFI	II CORPORATION
Co	rporate ID Number <u>DNP</u>	P-71705	<del></del>	Annual Report for the year 2001
1.	The name of the corpora	ation is JOHI	N F. SPELLM	MAN CENTER
2.	The state or other jurisd	iction under t	ne laws of whi	hich it is incorporated is RHODE ISLAND
3.	The address of the region 02904	stered office o	of the corporat	ation in this state is 100 HOUGHTON STREET PROVIDENCE, RI
	and the name of its reg	istered agent i	in this state at	et that address is EARNEST OKWARA
4.	The character of the aff	airs which it is	actually cond	moducting in Rhode Island, briefly stated, is to deliver a
5	If a foreign corporation,	the address of	of its principal	Il office in the state or other jurisdiction under the laws of which it is
6.	incorporated is Corporate address in R	hode island_	100 F	HOUGHTON STREET, PROVIDENCE
			RI	02904
7.	Names and addresses number of directors of a	of its directors a domestic (R)	and officers: hode Island) c	s: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the corporation shall not be less than three (3).)
	NAME	OFFICE		ADDRESS
BITILITY	MARY LOMAS	Director  Director  Presider  Vice-Presider  The Secretar	96 125 nt (25 esident 121 ry 84	BENTLEY ST, EAST REMDENCE, RI UZGIU I JOHN STREET WARMCK, RI UZ889
Da	100d: 7/30/01		report	er penalty of perjury, I declare and affirm that I have examined this ort, including any accompanying schedules and statements, and that tatements contained herein are true and correct.  TOHN F. SPELLMAN CENTER  Exact Name of Corporation
	* 7 1 7 0 5 FOR SECRETARY OF STATE U	USE ONLY	Rv (	Earnest 1. OK War
	Date:		Title .	
Che	ck No.:	$\frac{2}{0}$		(Report must be signed by an officer) Form No. 631 Revised 5/98



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-P	ROFIT CORPORATION
Corporate ID Number <u>DNP-71705</u>	Annual Report for the year 2000
1. The name of the corporation is <u>JOHN F. S</u>	PELLMAN CENTER 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	s of which it is incorporated is <u>RHODE ISLAND</u> corporation in this state is <u>125 BENTLEY STREET EAST</u>
and the name of its registered agent in this 4. The character of the affairs which it is actual vange of intervention training	state at that address is <u>EARNEST OKWARA</u> ally conducting in Rhode Island, briefly stated, is <u>to deliver a broad</u> and support Services.
<ul> <li>If a foreign corporation, the address of its pincorporated is</li></ul>	HOUGHTON STREET, PROVIDENCE, RI 02904
7. Names and addresses of its directors and on number of directors of a domestic (Rhode Is	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)
NAME OFFICE	ADDRESS
CHERYL HOU INGWORTH Director  MARY LOMASTRO Director  MARIA OKWARA Director  EARNEST OKWARA President  BONNIE ABOLS Vice-President  MARY TOMASIAN Secretary  NANCY FULER Treasurer  Dated: 6/22/07	P-D-Box 25, WYOMING, RI 02898  96 RANLINSON DRIVE COVENTRY, RI 02816  125 BENTLEY ST, EAST PROVIDENCE, RI 02914  125 BENTLEY ST, EAST PROVIDENCE, RI 02914  121 JOHN STREET, WARWICK, RI 02889  843 OAK HILL AVE. ATTLEBORO, MA 02720  12 EVA STREET, PROVIDENCE, RI 02908  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.
	JOHN F. SPELMAN CENTER  Exact Name of Corporation  Formet 1. Okwara
FOR SECRETARY OF STATE USE ONLY  JUL 14 2000  SEC'Y OF STATE	Title President/ Charman & the Board (Report must be signed by an officer)
Check No.: 8	Form No. 631 Revised 5/98

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

### NON-PROFIT CORPORATION

Col	rporate ID Number ND-71705		Annual Percet for the year 1999
ÇÜ			Annual Report for the yea <u>r 1999</u>
1.	The name of the corporation is JO	HN F. SPELLMAN CENTER	<del></del>
2	The state or other jurisdiction under	the laws of which it is incorporated is	Phode Island
2. 3.	<u>-</u>	of the corporation in this state is	
J.	——————————————————————————————————————		, PROVIDENCE, RI 02904
	· · · · · · · · · · · · · · · · · · ·	nt in this state at that address is EARI	Ţ
4.	<b>.</b>		d, briefly stated, is to deliver a
	broad range of whe	ryention, training, advi	eacy, referral and support
5	If a foreign corporation, the address	of its principal office in the state or o	Racy, referral and support the jurisdiction under the laws of which it is
	incorporated is		0- 10-10
6.		100 HOUGHTON S	TREET, PROVIDENCE,
_	12I 02904		0.00 - 1 th - 5 1 0 1 - 1050 - 10 - 10 - 10 - 10 -
7.		rs and officers: (In compliance with 7- Rhode Island) corporation shall not be	-6-23 of the R.I.G.L. 1956, as amended, the less than three (3).)
	NAME OFFIC	<u> </u>	ADDRESS
<u></u>	HERYL HOUNGWORTH	P. N. BOX 25, W	YOMING, RI 02898
$\frac{\mathcal{Q}}{\mathbf{x}}$	· · · · · · · · · · · · · · · · · · ·	0.0.10.10	PRIVE, COVENTRY RI 02816
i\ A	MARY LOWASTRODITECTO  JARIA OKWARA DITECTO		LEAST PROVIDENCE, RT 02914
	ARNEST OKWARAPreside	وي و در اسوا دسون مروز	EAST PROVIDENCE OF 02914
5		resident 121 JOHN STREE	
M	YRY TOMASIAN Secreta		AVENUE, ATTLEBORO, MA 02703
_	ANTY FULLER Treasu	rer 12 EVA ST, Pr	POVIDENCE, RI 02908
	ted: JUNE 30, 1999	Under penalty of periusy I decl	are and affirm that I have examined this
Da	led. 50100 50 1117	report, including any accompar	ying schedules and statements, and that
		all statements contained herein	ELLMAN CENTER
	* 7 1 7 0 5 *	70110	act Name of Corporation
	FOR SECRETARY OF STATE USE ONLY	$\mathcal{P}$	
File	Date: <u>1-13-99</u>	Title CHARMAN(	ODESIDENT)
Che	ck No.: 123		ust be signed by an officer)
By:	$\underline{\qquad}$ AMF	(	Form No. NP-13
_ , .			Revised 5/98

# To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

## NON-PROFIT CORPORATION

Co	rporate ID Number ND-71705	Annual Report for the year 1998
1.	The name of the corporation is JOHN F	SPELLMAN CENTER
2.	The state or other jurisdiction under the la	aws of which it is incorporated is RHODE ISLAND
3.	The address of the registered office of the PROVIDENCE, RI 02914	ne corporation in this state is 125 BENTLEY STREET EAST
		his state at that address is MARIA G. OKWARA
4.	The character of the affairs which it is ac	tually conducting in Rhode Island, briefly stated, is to deliver a broad ain ing, advicacy, referral and support service
5	•	s principal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rhode Island Cl EAST PROVIDENCE, I	0 125 BENTLEY STREET 2I 02914
7.		d officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the e Island) corporation shall not be less than three (3).)
	NAME OFFICE	ADDRESS
<u>C</u>	HERVL HOLLINGWORTH Director	P.D. Box 25, WYOMING, RI 02898
<u> N</u>	1ARIA OKWARA Director	125 BENTLEY STREET, EAST PROVIDENCE, RI 02914
1	MARY LOMASTRO Director	96 RANLINSON DRIVE, COVENTRY RT 02811
_	ARNEST OKWARA President	125 BENTLEY STREET, EAST PROVIDENCE RT 02914
<u>B</u> (	ONNIE ABOLS Vice-Preside	
<u>N</u>	ANY TOMASIAN Secretary ANY FULLER Treasurer	843 OAKHILL AVEME, ATTLEBORD, MA 02703 12 EVA STREET, PROVIDENCE, RI 02908
Dε	ated: JUNE 24, 1998	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.
	* 7 1 7 0 5 *	JOHN F. SPELMAN CENTER  Exact Name of Corporation
File	FOR SECRETARY OF STATE USE ONLY Date: (1/24/97)	BY EARNEST I. OKWARA (Filem)
Che	eck No.:	Title CHATRMAN OF THE BOARD  (Report must be signed by an officer)
Ву:	(M)	Form No. NP-13 Revised 5/98

DETACH ROTTOM REFORE RETURNING

To be filed annually during the month of June

#### State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

#### **NON-PROFIT CORPORATION**

Corporate ID Number	Annual Report for the year1997
FIRST: The name of the corporation is	SJOHNF.,SRELLMANCENTER
SECOND: It is incorporated under the	laws of RHODE ISLAND
THIRD: The character of the affairs who deliver a broad range of	intervention, training, advocacy, referred and Support
(ervices.	address of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Is  EAST PROVIDENCE, RI	oland Clo 125 BENTLEY STREET
SIXTH: Names and addresses of its di Reenactment of 1994, the number of Directors	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
MARY LOMASTRO Director BONNIE ABOLS Director EARNEST OKWARA Director MARIA G. OKWARA President NANCY FULER Vice-President MARY TOMA SI AN Secretary JAMES KELLY, JR Treasurer (If additional space is needed, attach rider) Dated: JUNE 27. 19 9.7.  FILED  JUN 3 0 1997  MARY LOMASTRO Director Director Treasurer 19 9.7.	ADDRESS  96 RAWLINSON DRIVE, COVENTRY, RI 02876  121 JOHN STREET, WARWICK, RI 02889  125 BENTLEY ST, EAST PROVIDENCE, RI 02919  126 BENTLEY ST, EAST PROVIDENCE, RI 02919  12 EVA ST, PRO VIDENCE, RI 02908  843 DAKHILL AVENUE, ATTLEBORO, MA 02703  45 MENDON RD, S. ATTLEBORO, MA 02703  JOHN F. SPELL MAN CENTER  (Name of Corporation).  By Maria Y. OKwara  Title Chair person  (Report must be signed by an officer)
Make a comparation to the character A to	interest affice and to be assistanted again. From \$1.4.4 words to \$1.4.4

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information and the corporation division, 277-3040, for further information and the corporation division.

## State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

#### **NON-PROFIT CORPORATION**

Corporate ID Number 71705	Annual Report for the year
FIRST: The name of the corporation	is JOHN F. SPELLMAN CENTER
SECOND: It is incorporated under the	e laws ofR_T
THIRD: The character of the affairs v	which it is actually conducting in Rhode Island, briefly stated, is to deliver
a boad rage of intervention,	taining adviracy, report and Support Services
FOURTH: If a foreign corporation, the	e address of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: Corporate address in Rhode	sland HTB 125 BENTLEY StrEET
	E PROV. RI 02914
	firectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, s of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE A	CCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE MARY LOMASTED Director	96 RAWLINSON DRIVE, CHENTRY, RI 028/6
BUNDANIT DEN S	121 JOHN STREET, WARMCK, RI 02889
EARNEST I DKWARA Director	125 BENTLEY STREET, EAST PROV, RI 02914
MARIA G OKWARA President	125 BENTLEY STREET EAST PROV RI 02914
NANCY FULLER Vice-Presider	12 710 C-2- 1- 1- 15 D- 12 CD C
MARY TOMASIAN Secretary	843 DAKHILL AVENUE, ATTLEBORO, MA 02703
JAMES KELLY, JR Treasurer	45 MENDON RD, S. ATTLEBURD, MA 02703
(If additional space is needed, attach rider)	JOHN F. SPELLMAN CENTER
Dated: 0.7 11 19 96	(Name of Corporation)
FILED of 1 1 1996 go 111 to St. 11 100	By Maria & Otwara
11 1 1990 S	Title Chairperson & PRES.
~ 1 7	(Report must be signed by an officer) gistered office and/or its registered agent, Form N-14 must be filed.
U is the corneration has channed its re-	distered office and/or its redistered agent, form N-14 MUST DC 1169.

Please contact the Corporation Division, 277-3040, for further information.

#### State of Rhode Island and Providence Plantations Corporation Division 100 North Main Street Providence, RI 02903

#### **NON-PROFIT CORPORATION**

Corporate ID Number 71705	Annual Report for the year
FIRST: The name of the corporation is	JOHN F SPELLMAN CENTER
	0 —
SECOND: It is incorporated under the	
THIRD: The character of the affairs wh	nich it is actually conducting in Rhode Island, briefly stated, is to deliver
a brad rage y intervention	n, training, advocas, referrel à support Services.
FOURTH: If a foreign corporation, the	address of its principal office in the state or country under the laws of
which it is incorporated is	
RIVERSIDE, RT 02915	land 14B VILLAGE GREEN, NOR71+
	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
JAMES KELLY Director	45 MENDON RD, S. ATTLE BORD, MA 02703
TAMATE KOLL	45 MENDON RD, S. ATTLE BORU, MA 02703 12 EVA STREET, PRINDEME, RI 02908
JAMES KELLY Director	45 MENDON RD, S. ATTLE BORD, MA 02703
JAMES KELLY Director NANCY FULLER Director MARY COMASTRO Director	45 MENDON RD, S. ATTLE BORU, MA 02703 12 EVA STREET, PRINDEME, RI 02908
JAMES KELLY Director NANCY FULLER Director MARCY COMASTRO Director MARIA G. OKWARA President	45 MENDON RD, S. ATTLE BORU, MA 02703 12 EVA STREET, PRINDEME, RI 02908 96 RANLINSON PRIVE, COVENTRY, RI 02816 125 BENTLEY STREET, EAST PROVIDENCE, RI 02914
JAMES KELLY Director NANCY FILLER Director MARCY COMASTRO Director MARIA G. OKWARA President BONNIE ABOLS Vice-President	45 MENDOW RD, S. ATTLE BORD, MA 02703 12 EVA STREET, PRUNDEME, RI 02908 96 RAWLINSON PRIVE, COVENTRY, RI 02816 125 BENTLEY STREET, EAST PROVIDENCE, RI 02914 121 JOHN STREET, WARMCK, RI 02889 843 OAK HUL AVENUE, ATTLEBORD, MA 02703
JAMEJ KELLY Director NARY FULLER Director MARY COMASTRO Director MARIA G. OKWARA President BONNIE ABOLS Vice-President MARY TOMASIAN Secretary	45 MENDOW RD, S. ATTLE BORD, MA 02703 12 EVA STREET, PRUNDEME, RI 02908 96 RAWLINSON PRIVE, COVENTRY, RI 02816 125 BENTLEY STREET, EAST PROVIDENCE, RI 02914 121 JOHN STREET, WARMCK, RI 02889 843 OAK HUL AVENUE, ATTLEBORD, MA 02703
JAMES KELLY Director NARY FULLER Director MARY LOMASTRU Director MARIA G OKWARA President BONNIE ABOLS Vice-President MARY TOMASIAN Secretary EARNEST I OKWARA Treasurer (If additional space is needed, attach rider)	45 MENDOW RD, S. ATTLE BORD, MA 02703 12 EVA STREET, PRINDEME, RI 02908 96 RANLINSON PRIVE, COVENTRY, RI 02816 125 BENTLEY STREET, EAST PROVIDENCE, RI 02914 121 JOHN STREET, WARMCK, RI 02869 843 OAK HILL AVENUE, ATTLEBORD, MA 02703 125 BENTLEY ST, EAST PROMDENCE, Rt 02914
JAMES KELLY Director NARY FULLER Director MARY LOMASTRU Director MARIA G OKWARA President BONNIE ABOLS Vice-President MARY TOMASIAN Secretary EARNEST I OKWARA Treasurer (If additional space is needed, attach rider)	45 MENDOW RD, S. ATTLE BORD, MA 02703 12 EVA STREET, PRINDEME, RI 02908 96 RANLINSON PRIVE, COVENTRY, RI 02816 125 BENTLEY STREET, EAST PROVIDENCE, RI 02914 121 JOHN STREET, WARMCK, RI 02889 843 OAK HILL AVENUE, ATTLEBORD, MA 02703 125 BENTLEY ST, EAST PROMDENCE, Rt 02914 JOHN F. SPELLMAN (ENTER
JAMEJ KELLY Director NARY FILLER Director MARY COMASTRO Director MARIA G OKWARA President BONNIE ABOLS Vice-President MARY TOMASIAN Secretary EARNEST I OKWARA Treasurer (If additional space is needed, attach rider) Dated: OXT 11 19 96	45 MENDOW RD, S. ATTLE BORD, MA 02703 12 EVA STREET, PRINDEME, RI 02908 96 RANLINSON PRIVE, COVENTRY, RI 02816 125 BENTLEY STREET, EAST PROVIDENCE, RI 02914 121 JOHN STREET, WARMCK, RI 02889 843 OAK HILL AVENUE, ATTLEBORD, MA 02703 125 BENTLEY ST, EAST PROMDENCE, Rt 02914 JOHN F. SPELLMAN (ENTER
JAMES KELLY Director NARY FULLER Director MARY LOMASTRU Director MARIA G OKWARA President BONNIE ABOLS Vice-President MARY TOMASIAN Secretary EARNEST I OKWARA Treasurer (If additional space is needed, attach rider)	45 MENDOW RD, S. ATTLE BORD, MA 02703 12 EVA STREET, PRINDEME, RI 02908 96 RANLINSON PRIVE, COVENTRY, RI 02816 125 BENTLEY STREET, EAST PROVIDENCE, RI 02914 121 JOHN STREET, WARMCK, RI 02889 843 OAK HILL AVENUE, ATTLEBORD, MA 02703 125 BENTLEY ST, EAST PROMDENCE, Rt 02914 JOHN F. SPELLMAN (ENTER
JAMEJ KELLY Director NARY FILLER Director MARY COMASTRO Director MARIA G OKWARA President BONNIE ABOLS Vice-President MARY TOMASIAN Secretary EARNEST I OKWARA Treasurer (If additional space is needed, attach rider) Dated: OCT 11 1996	45 MENDOW RD, S. ATTLE BORD, MA 02703 12 EVA STREET, PRINDEME, RI 02908 96 RANLINSON PRIVE, COVENTRY, RI 02816 125 BENTLEY STREET, EAST PROVIDENCE, RI 02914 121 JOHN STREET, WARMCK, RI 02869 843 OAK HILL AVENUE, ATTLEBORD, MA 02703 125 BENTLEY ST, EAST PRINDENCE, Rt 12914 JOHN F. SPELLMAN CENTER

Please contact the Corporation Division, 277-3040, for further information.

Form No. N-13

# State of Rhode Island and Providence Plantations Corporation Division 100 North Main Street Providence, RI 02903

## **NON-PROFIT CORPORATION**

Corporate ID Number	)71705	Annual Report for the year
FIRST: The name of	of the corporation i	S JOHN F SPELLMAN CENTER - INC.
SECOND: It is inco	rporated under the	laws of
THIRD: The character	eter of the affairs w	hich it is actually conducting in Rhode Island, briefly stated, is to cellive
•		the training advicacy, referred and Support Service
FOURTH: If a forei	gn corporation, the	address of its principal office in the state or country under the laws of
which it is incorporated is	•••••••••••	1110 1110 - Ca - 1 m 100 T.1
FIFTH: Corporate a	address in Rhode Is	sland 14B VILLAGE GREEN MORTH,
KIVERSIDE, R	<u> 1 029</u>	6
		irectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT V	VILL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME	OFFICE	ADDRESS
ELIZABETH SPELLIN	1AN Director	. 19 EDGEMERE DRIVE, CRANSTON, - RE 02900
EARNEST I OKu	ARADirector	125 BENTLEY ST, EAST PROV, RI 02914
ARTHUR MODRE	Director	30 PINEHURST RD, E.PROV, RI 02915
LINNEA E ALDRI		14B VILLAGE GREEN NORTH, RIVERSIDE, RI 02915
MARIA OKWARA	Vice-Presiden	125 BENTLEY STREET, E. PEN, RI 02914
BONNE ABOLS	Secretary	121 JOHN STREET, WARMCK, RI 02889
BETH MOURE	Treasurer	30 PINEHUEST RD, E. PEOV RI 02915
(If additional space is needed	i, attach rider)	JOHN F. SPELLMAN CENTER
Dated: OCT //	197	(Name of Composition)
100	12.3	- Maria & Okumba
96, 11 120 [1 120]	CCI 1 1 1996	Title Charges V V P  (Report must be signed by an officer)  istered office and/or its registered agent, Form N-14 must be filed.
EX	ノサナン	(Pennet must be signed by an officer)
51V10 1. 10 10 10 10 10 10 10 10 10 10 10 10 10	16865	(Keport must be signed by an officer)