



**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: 2018

1. Corporate ID No. 000029988

2. Name of Corporation Frank Olean Center, 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: 93 AIRPORT ROAD
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 PROMOTE GENERAL WELFARE AND PROVIDE SERVICE TO THE MENTALLY AND PHYSICALLY DISABLED

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT | JOAN GRADILONE | 7 WILDFLOWER DR WESTERLY, RI 02891 USA |
| TREASURER | DAVE KMETZ | 15 DANIELLE AVE WESTERLY, RI 02891 USA |
| VICE PRESIDENT | RICK HARLEY | 5 DON ROSS ROAD WESTERLY, RI 02891 USA |
| DIRECTOR | PETER DEL GIUDICE | 62 FRANKLIN ST-115 WESTERLY, RI 02891 USA |
| DIRECTOR | EVIE MARTIN | 4 WHITE ST WESTERLY, RI 02891 USA |
| DIRECTOR | JOANNA VALENTINI | 6 BRASS RING RD WESTERLY, RI 02891 USA |
| SECRETARY | CHRISTINE MARTONE | 10 TERRACE AVE WESTERLY, RI 02891 USA |
| DIRECTOR | ANNE WOOD DR. | PO BOX 38 CHARLESTOWN, RI 02813 USA |
| DIRECTOR | WILLIAM NARDONE | 38 WICKLOW ROAD WESTERLY, RI 02891 USA |
| DIRECTOR | PAUL YUROF | 20 CEDARWOOD DRIVE HOPE VALLEY, RI 02832 USA |
| DIRECTOR | BETHANY LYONS | 11 STONY HILL DRIVE MYSTIC, CT 06355 USA |
| DIRECTOR | CHERYL LANCE | 12 CLAY STREET WESTERLY, RI 02891 USA |
| DIRECTOR | JOHN NICOLOSI | 160 CLEARVIEW ROAD CHARLESTOWN, RI 02813 USA |
| DIRECTOR | PETER MANERI | 17 EAST FAIRWAY AVENUE WESTERLY, RI 02804 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**

ROBERT A. MASTROFINO FRANK OLEAN CENTER, INC 93 AIRPORT ROAD 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 9 Day of May, 2018 at 3:09:06 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 ROBERT MASTROFINO
Signature of Authorized Person

Revised 09/07

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