

L. Corporate ID No.

Agent Name

Address

KAREN A. TESTA

TWO ATLANTIC BOULEVARD

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

Matthew A. Brown, Secretary of State

2. Name of Corporation

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

27909	SALVATORE MA	CINI RESOURCE & ACTIVITY	CENTER, INC.		•	
3 State of Incorporation	4. Corporate addre	ess in Rhode Island - Street Ad	dress	City	Zip	
RHODE ISLAND	Two Atl	antic Blvd.		N. Provi	idende 02911	
5. Foreign corporation, Enter princ			City	State	Zip	
6. Brief Description of the character of MULTI PURPOSE SENIOR (		are actually conducted in Rho	de Island			
7. NAMES AND ADDRESSES President Name	OF THE OFFI	CERS: ("X" BOX FOR ATI	ACHMENT)	BEFORE USING A	ATTACHMENTS	
Carol Pontarelli			John Marino			
Since Address			Sirvet Address			
15 Victor St.			300 Smithfield	<u>d Rd., Unit</u>	t P3-8	
City	State .	Zip	City	State	7.tp	
North Providence	HI	j U2911	N. Providence	HI	02904	
Secretary Name			Treasurer Name	• .		
Barry Fis	shback		Norma	Norma DiLibero		
Street Address			Street Address		<del>_</del>	
11 Chestnut St.		·	12 Turcone St	,		
City	State	Zίρ	City	State	Z.(p	
N. Providence	RI	02904	N. Providence	RI	02911	
8. NAMES AND ADDRESSES	OF THE DIRE	CTORS: ("X" BOX FOR A	TTACHMENT) TILL IN SPACES	BEFORE USING	ATTACHMENTS	
THE NUMBER OF DIRECTO	ORS OF A DOM	ESTIC (RHODE ISLAN	D) CORPORATION SHALL NO	BE LESS THAN	<u>THREE</u> (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Dr. Joseph Camb	bio		Anthony Gi	anfrancesc	o, Esq.	
Street Address		4 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *	Street Address			
1 Adelaide Ave.			1612 Smith St			
City	State	Z(p	Cin.	State	Zip	
N. Providence	RI*	02911	N. Providence	RI	02911	
Director Name		•	Director Name		•	
Jean Resti	vo		John	ſesta		
Street Address			Street Address	Street Address		
.66 Hunter Run			73 Charlotte	S+		
Cay	State	Zip	City	State	Zip	
N. Providence 9. REGISTERED AGENT IN 1	RI RHODE ISLANI	02904 D - DO NOT ALTER - C	N. Providence hanges require filing of Form	RI 641 - R.I.G.L. 7-6	02904	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Address

NORTH PROVIDENCE

 27909

27909
File Date 6-6-07
Check No3 3 0 9
Ву:
FOR SECRETARY OF STATE USE ONLY

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	schedules and statements, and that all and correct.

Ζф

02911

$\alpha$	negeti are trate and correct	•
Carol	MARROLL	5/27/05
Signature of Officer	1 4 CO	Date

Carol	Pontarelli	
	pe Name of Officer	

Chair	Roard	of Director	S
Title of Office	r		



Check No. 2673

FOR SECRETARY OF STATE USE ONLY

### 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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE VEAR

401.222.3040

RNODE ISLAND  Firetge corporation. Enter principal uploc undress — State   Direct principal uploc undress — No. Prov.   R. I.   D2911  Brief Description of the character of the affairs which are actually conducted in Rhode Island   MULTI PURPOSE SENIOR CENTER    NAMES AND ADDRESSES OF THE OFFICERS: ("X" 80X FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    Vice President Name   State   Dy State   D2911    No. Prov.   RI   D2904   No. Prov.   RI   D2904   No. Prov.   RI   D2911    NAMES AND ADDRESSES OF THE OFFICERS: ("X" 80X FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    Tressurer Name   D2904   No. Prov.   RI   D2904    No. Prov.   RI   D2904   No. Prov.   RI   D2904    No. Prov.   RI   D2904   No. Prov.   RI   D2904    No. Prov.   State   D2904   No. Prov.   RI   D2904    No. Prov.   State   D2904   No. Prov.   RI   D2904    No. Prov.   RI   D2904   No. Prov.   RI   D2904    REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes require filing of Form 641   R.I.G.L. 7-6-13 / 7-6-78    Address   D2904   D2904   D2904    REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes require filing of Form 641   R.I.G.L. 7-6-13 / 7-6-78    Address   D2904   D2904   D2904   D2904    REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes require filing of Form 641   R.I.G.L. 7-6-13 / 7-6-78
State of incorporation    A Corporation   A Co
RNODE ISLAND  Foreign corporation. Enter principal approximates 2.00  MULTI PURPOSE SENIOR CENTER  NAMES AND ADDRESSES OF THE OFFICERS: ("X" 80X FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS 2.00  Vice Prediction Name  Carol Pontarelli  Foreign the first 2.00  No. Prov.  State  15 Victor Street  300 Smithfield Rd. P3-8  State  240  Corp.  No. Prov.  RI U2904  Foreign the first 2.00  No. Prov.  RI U2904  No. Prov.
State   Properties   State   Properties
Barry Fishback  Tressure Name  Barry Fishback  Tressure Name  No. Prov.  RI  O2904  No.
MULTI PURPOSE SENIOR CENTER  MULTI PURPOSE SENIOR CENTER  NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS statem Name
MULTI PURPOSE SENIOR CENTER  NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Since
Carol Pontarelli  Carol Pontarelli  Sirey Address  15 Victor Street  Sirey Address  No. Prov.  RI  O2011  No. Prov.  RI  O2004  No. Prov.  RI  O2011  No. Prov.  RI  O2011  No. Prov.  RI  O2004  No. Prov.  RI  O2011  No. Prov.  RI  O2004  No.
Carol Pontarelli  Carol Pontarelli  Vice President Name John Marino  Strey Address 300 Smithfield Rd. P3-8  State Ztp Ctry State Ztp Ctry State Ztp Ctry State Ztp Ctry State Ztp No. Prov. RI U2904  No. Prov. RI 02904  No. Prov
Carol Pontarelli  John Marino  Strew Address 300 Smithfield Rd. P3-8  To State  No. Prov.  State  Barry Fishback  Treasurer Name  Barry Fishback  No. Prov.  RI  O2011  No. Prov.  RI  O2904  No. Prov
The state of the s
15 Victor Street   300 Smithfield Rd. P3-8     17
No. Prov. RI 02911 No. Prov. RI 12904  Results Name  Barry Fishback  Treasurer Name  Barry Fishback  Norma A. DiLibero  Norma A. DiLibero  Street Address  11 Chestnut Street  No. Prov. RI 02904  No. Prov. RI 02911  NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS FIR NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G. Treator Name  John Testa  Director Name  John Testa  No. Prov. RI 02904  No. Prov. RI 02904  No. Prov. RI 02904  No. Prov. RI 02904  No. Prov. RI 029011  No. Prov. RI 02904
No. Prov. RI 02011  No. Prov. RI 02011  No. Prov. RI 102004  State 2/1p City State Street  No. Prov. RI 02904  No. Prov. RI 02904  No. Prov. RI 02901  NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS HE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G. rector Name  John Testa Dr. Joseph C. Cambio  Trei Address  73 Charlotte Street  No. Prov. RI 02904  No. Prov. RI RI 02904
Treasurer Name  Barry Fishback  Norma A. Dilibero  Sirect Address  11 Chestnut Street  12 Turcone Street  No. Prov.  RI 02904  No. Prov.  RI 02904  No. Prov.  No. Prov.  No. Prov.  RI 02904  No. Prov.  RI 02901  No. Prov.  RI 02904  No. Prov.  RI 02904  No. Prov.  RI 02901  No. Prov.  RI 02904  No. Prov.  RI 02901  No. Prov.  RI 02904  RI 02904  No. Prov.  RI 02904  RI 02904  RI 029
Sirect Address  11 Chestnut Street  12 Turcone Street  13 O2904  No. Prov. RI  14 O2904  No. Prov. RI  15 O2904  No. Prov. RI  16 O2904  No. Prov. RI  17 O2904  No. Prov. RI  18 O2904  No. Prov. RI  19 O2904  No. Prov. RI  19 O2904  No. Prov. RI  10 O2904  No. Prov. RI
Sirect Address  11 Chestnut Street  12 Turcone Street  13 O2904  No. Prov. RI  14 O2904  No. Prov. RI  15 O2904  No. Prov. RI  16 O2904  No. Prov. RI  17 O2904  No. Prov. RI  18 O2904  No. Prov. RI  19 O2904  No. Prov. RI  19 O2904  No. Prov. RI  10 O2904  No. Prov. RI
11 Chestnut Street    12 Turcone Street   2/p
No. Prov. RI 02904 No. Prov. RI 02911  Names and address of the directors: ("X" box for attachment)   fill in spaces before using attachments  HE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.  Trector Name  John Testa  Director Name  John Testa  To Joseph C. Cambio  Tret Address  73 Charlotte Street  One Adelaide Avenue  One Address  One Adelaide Avenue  Or No. Prov. RI 02911  Trector Name  Ronald Volpe  Jean Restivo  Street Address  20 Hillview Dr.  No. Prov. RI 02904  No. Prov. RI 02904  No. Prov. RI 02904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641  RADENA TO TO.  Address  Address
No. Prov. RI 02904 No. Prov. RI 02911  Names and addresses of the directors: ("X" box for attachment)   fill in spaces before using attachments  HE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I. G.  rector Name  John Testa  Director Name  John Testa  Director Name  No. Prov. RI 02904  No. Prov. RI 02904  No. Prov. RI 02911  rector Name  Ronald Volpe  Director Name  Ronald Volpe  State  Jean Restivo  Street Address  20 Hillview Dr.  State  Zip  O2904  No. Prov. RI 02904  No. Prov. RI 02904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 R.I.G.L. 7-6-13 / 7-6-78  Address  Address  Address
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  HE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.  rector Name  John Testa  Director Name  John Testa  Director Name  No. Prov.  RI  Director Name  Ronald Volpe  State  Ronald Volpe  Director Name  Ronald Volpe  State  Ronald Volpe  State  Octor Name  Ronald Volpe  Director Name  Ronald Volpe  State  Octor Name  Ronald Volpe  Director Name  Ronald Volpe  State  Octor Name  Ronald Volpe  Ronald Rona
The Number of Directors of a Domestic (Rhode Island) Corporation Shall Not be less than three (3). R.I. of the state of th
John Testa  Dr. Joseph C. Cambio  Street Address  73 Charlotte Street  No. Prov.  RI  O2904  No. Prov.  RI  O2904  No. Prov.  RI  O2911  Director Name  Ronald Volpe  State  Jean Restivo  Street Address  20 Hillview Dr.  State  Vip  No. Prov.  RI  O2904  No. Prov.  State  Jean Restivo  Street Address  66 Hunter Run  Vin  No. Prov.  RI  O2904  No. Prov.  RI  O2904  No. Prov.  RI  O2904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641  Address  Address  Address
The Address Street Street One Adelaide Avenue  The No. Prov. RI O2904 No. Prov. RI O2911  The Ronald Volpe Jean Restivo  Street Address Street Address  20 Hillview Dr. State RI O2904 No. Prov. RI O2904  No. Prov. RI O2904 No. Prov. RI O2904  Street Address Street Address G6 Hunter Run  The Ronald Volpe State RI O2904 No. Prov. RI O2904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78  Address Address Address
To Charlotte Street  To Charlotte Street  To City  No. Prov.  RI  To O2904  No. Prov.  RI  To O2904  No. Prov.  RI  To O2911  The City Name  Ronald Volpe  To Address  20 Hillview Dr.  To No. Prov.  RI  To O2904  No. Prov.  Street Address  Street Address  Cet Address  Cet Address  Cet Address  To City  No. Prov.  State  RI  To O2904  No. Prov.  RI  To O2904  RI  To O2904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641  Address  Address  Address
No. Prov. RI 02904 No. Prov. RI 02911  rector Name Ronald Volpe  State  Bornel Address  20 Hillview Dr.  State  Street Address  20 Hillview Dr.  State  Street Address  66 Hunter Run  City  No. Prov.  RI 02904  No. Prov.  RI 02904  No. Prov.  RI 02904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L., 7-6-13 / 7-6-78  Address  Address  Address
No. Prov. RI 02904 No. Prov. RI 02911  Tector Name Ronald Volpe  State Roll Volpe  State Roll Volpe  State Roll Volpe  State Roll Volpe  State Street Address 66 Hunter Run  State No. Prov. RI 02904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 R.I.G.L. 7-6-13 / 7-6-78  Address  Address
No. Prov. RI 02904 No. Prov. RI 02911  rector Name Ronald Volpe  State Volume No. Prov. RI 02904 No. Prov. RI 02911  State Volume No. Prov. RI 02904 No. Prov. RI 02904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L., 7-6-13 / 7-6-78  Address  Address  Address
Ronald Volpe  Ronald Volpe  Jean Restivo  Street Address 20 Hillview Dr.  State  No. Prov.  RI  O2904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L 7-6-13 / 7-6-78  Address  Address
Street Address  20 Hillview Dr.  State  Street Address  66 Hunter Run  State  Address  Address  Address  Address
20 Hillview Dr.  State  Sircet Address 66 Hunter Run  State  No. Prov.  RI  02904  No. Prov.  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 R.I.G.L 7-6-13 / 7-6-78  COLUMN Name  Address
No. Prov. RI 02904 No. Prov. RI 02904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L., 7-6-13 / 7-6-78  COLUMNAMO Address
No. Prov. RI 02904 No. Prov. RI 02904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 R.I.G.L. 7-6-13 / 7-6-78  CITY State Zip 02904  No. Prov. RI 02904  Address
No. Prov.   RI   02904   No. Prov.   RI   02904  REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 R.I.G.I 7-6-13 / 7-6-78  CILI Name  Address
REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L., 7-6-13 / 7-6-78  cui Name  Address
Address Address
KAREN A TESTA 171 Enjandship Stroot No. Day, D. T.
To the state of th
THO ATLANTIC DOUBLE CARD
TWO ATLANTIC BOULEVARD NORTH PROVIDENCE 02911
Address City Zip

Carol Pontarelli

Print or Type Name of Officer Chairperson

Title of Officer



FOR SECRETARY OF STATE USE ONLY

### NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - Ju	ine 30 🍨 Filii	ig Fee: \$20.00	L REPORT FOR TH	E ILAI	R	
(FORM MUST BE TYPED OR PI 1. Corporate ID No.	2. Name of Corp.	<del></del>			· · ·	
27909	1 '		V APIETE IN A			
3. State of Incorporation		ANCINI RESOURCE & ACTIVIT ress in Rhode Island - Street A		City	Zip	
RHODE ISLAND		ineral Spring		1 *	<b>,</b> '	
5. Foreign corporation. Enter pri	ncinal office addre	"	Ciry	State	rovidence 02911	
•			No. Providence	RI	02911	
2240Mineral Sp. 6. Brief Description of the character	oring Ave	ich am actually conducted in		l ur	02311	
MULTI PURPOSE SENIO		ich are actautif contacted in	rriode island			
7. NAMES AND ADDRESSES President Name	OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES I Vice President Name	BEFORE USI	NG ATTACHMENTS	
Carol Pontarel	li		John Marino			
Street Address			Street Address	<del></del>		
_15 Victor Stre	et		300 Smithfield	Road, P	23-8	
City	State	Zip	City	State	Zip	
No. Providence	RI	02911	Nor Providence	ĸī	02904	
Secretary Name	<u> </u>		Treasurer Name			
_Barry_Fishback_			<u>Norma A. Dilibe</u>	ro		
Street Address			Street Address			
11 Chestnut Str	eet		12 Turcone Stre	et		
Ciry	State	Zip	City	State	Zip	
NoProvidence	RI	02904	No. Providence	RI	02911	
THE NUMBER OF DIREC  Director Name  John Testa  Sireet Address	TORS OF A DO	MESTIC (RHODE ISLAN	Director Name Dr. Joseph C. C		<u>AN THREE</u> (3). R.I.G.L. 7-6-23	
73 Charlotte St			One Adelaide Av			
•	State	Zip 02904	City	State	Zip 0.0.0.4.4	
No. Providence	RI	102904	No. Providence	RI	02911	
Director Name Betty Milazzo			<i>Director Name</i> Jean Restivo			
Street Address		<del> </del>		<del></del>		
34 Plymouth Roa	d		Street Address 66 Hunter Run			
City	State	Zip	City	State	7:0	
NoProvidence	RI	02904	No. Providence	RI	72ip 02904	
			inges require filling of Form 641	-· <del>-</del>		
Agent Name			Address		1377-0-76	
KAREN A. TESTA			171 Friendship	Street,	No. Providence, F	
Address			Ciry		Zip	
2240 MINERAL SPRING AVENUE			NORTH PROVIDENCE	·	02911	
This report must be signed	in ink by eithe	er the President, Vice P	resident, Secretary, Assistant S	ecretary, Tre	easurer, Receiver or Trustee	
* 2 7	' 9 O	9 *	Under penalty of perjury, 1 this report, including any ac			
File Date 6 - 9 - 0	3	_	and that all statements cont			

Carol Pontarelli, Chair

Print or Type Name of Officer

Chair

Title of Officer Form 631 Rev. 6/02



· Som s

### **NON-PROFIT CORPORATION**

	NON-P	ROFII CORPORATION
Corporate ID Number DNP-27	909	Annual Report for the year 2002
The name of the corporation	n is SALVATOR	E MANCINI RESOURCE & ACTIVITY CENTER, INC.
2. The state or other jurisdiction	n under the laws	of which it is incorporated is RHODE ISLAND
3. The address of the register	ed office of the c	orporation in this state is 2240 MINERAL SPRING AVENUE NORTH
PROVIDENCE, RI 02911	<u> </u>	
and the name of its register	red agent in this	state at that address is KAREN A. TESTA
4. The character of the affairs	which it is actual	lly conducting in Rhode Island, briefly stated, is
Multi purpo	se senior cer	<u>iter                                    </u>
5 If a foreign corporation, the incorporated is	address of its pr	incipal office in the state or other jurisdiction under the laws of which it is
6. Corporate address in Rhode	e Island 224(	Mineral Spring Avenue
	Nor	th Providence, RI 02911
		fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)
NAME	OFFICE	ADDRESS
Karen A. Testa	_Director	171 Friendship Street, North Providence, RI 02904
John Testa	_Director	13 Charlotte Street, North Providence, RI 02904
Pr. Joseph C. Cambio	_Director	1 Adelaide Avenue, North Providence, RI 02911
Carol Pontarelli	President —	15 Victor Street, North Providence, RI 02911
John Marino	Vice-President	520 Smithfield Road, North Providence, RI 02904
Barry Fishback	Secretary 	11 Chestnut Street, North Providence, RI 02904
Norma Dilibero	Treasurer —	12 Turcone Street. North Providence, RI 02911
Dated: May 21, 2002	<del>_</del>	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.
		Salvatore Mancini Resource & Activity Center, Inc.  Exact Name of Corporation
FOR SECRETARY OF STATE USE O	NLY	By Carol Pontarelli (ayol Pontaulli
File Date: 5.24.0 Check No.: 1307	121	Title Chair, Board of Directors
12107	_	(Report must be signed by an officer)
Check No.:	-	Form No. 631
Ву:	_	Revised 5/98



		NON-PF	ROFIT CORPORATION
Со	rporate ID Number <u>DNP-2</u>	7909	Annual Report for the year 2001
1.	The name of the corporation	n is SALVATOR	E MANCINI RESOURCE & ACTIVITY CENTER, INC.
2.	The state or other jurisdicti	on under the laws	of which it is incorporated is RHODE ISLAND
3.			orporation in this state is 2240 MINERAL SPRING AVENUE NORTH
	and the name of its registe	red agent in this	state at that address is KAREN A. TESTA
4.		which it is actual e senior cent	ly conducting in Rhode Island, briefly stated, is
5	If a foreign corporation, the incorporated is		incipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rhoo	le Island22	240 Mineral Spring Avenue
	···	No	orth Providence, RI 02911
7.			fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
	(aren A. Testa	_Director	171 Friendship Street, North Providence, RI 02904
	John Testa	_Director	13 Charlotte Street, North Providence, RI 02904
1	Dr. Joseph C. Cambio	_Director	1 Adelaide Avenue, North Providence, RI 02911
(	Carol Pontarelli	President	15 Victor Street, North Providence, RI 02911
	John Marino	— Vice-President	520 Smithfield Road, North Providence, RI 02904
i	Barry Fishback	 _Secretary	11 Chestnut Street, North Providence, RI 02904
	Norma Dilibero	Treasurer	12 Turcone Street, North Providence, RI 02911
Da	ted: June 1, 2001	<del></del> -	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.
			Salvatore Mancini Resource & Activity Center, Inc.
	* 2 7 9 0 9 *	ı	Exact Name of Corporation
F	FOR SECRETARY OF STATE USE O	ONLY	By Carol Pontarelli
ile I	Date: 65-01 704 k No.:	_	Title Chair, Board of Directors
hec	k No.:		(Report must be signed by an officer)
v:	<u></u>	_  .	Form No. 631 Revised 5/98



### **NON-PROFIT CORPORATION**

Corporate ID Number <u>DNP-2</u>	7909	Annual Report for the year 2000
1. The name of the corporation	on is SALVATOR	RE MANCINI CENTER ON AGING OF NORTHPROVIDENCE, INC.
2. The state or other jurisdicti	on under the laws	s of which it is incorporated is RHODE ISLAND
<ol> <li>The address of the register</li> <li>PROVIDENCE, RI 02911</li> </ol>	red office of the o	corporation in this state is 2240 MINERAL SPRING AVENUE NORTH
and the name of its registe	ored agent in this	state at that address is KAREN A. TESTA
	s which it is actua purpose senio	lly conducting in Rhode Island, briefly stated, isr center
incorporated is		incipal office in the state or other jurisdiction under the laws of which it is
i. Corporate address in Rhoo	de Island <u>224</u>	O Mineral Spring Avenue
	Nor	th Providence, RI 02911
7. Names and addresses of in number of directors of a do	ts directors and o omestic (Rhode Is	fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)
NAME	OFFICE	ADDRESS
Karen A. Testa	Director	171 Friendship Street, North Providence, RI 02904
John Testa	Director	73 Charlatta Street, North Providence, DI 19914
Dr. Joseph C. Cambio	Director	One Adelaide Avenue, North Providence, RI 02911
Carol Pontarelli	President	15 Victor Street, North Providence, RI 02911
John Marino	_Vice-President	520 Smithfield Road, North Providence, RI 02904
Barry Fishback	_Secretary	11 Chestnut Street, North Providence, RI 02904
Norma Dilibero	Treasurer	12 Turcone Street, North Providence, RI 02904
Pated: June 1, 2000	<del></del>	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.
		Salvatore Mancini Center on Aging, Inc.  Exact Name of Corporation
TOD GOODDONANT COLOR		
FOR SECRETARY OF STATE USE C	INLY	By Carol Pontarelli ( grof Pontarelli.
e Date:	_	Title Chair, Board of Directors
eck No.:	OR	(Report must be signed by an officer)

### SALVATORE MANCINI CENTER ON AGING

### **BOARD OF DIRECTORS**

Mrs. Carol Pontarelli, Chair 15 Victor Street North Providence, RI 02911

Mr. John Marino, Vice Chair 520 Smithfield Road #105 North Providence, RI 02904

Mr. Barry Fishback, Secretary 11 Chestnut Street North Providence, RI 02904

Mrs. Norma A. DiLibero, Treasurer 12 Turcone Street North Providence, RI 02911

Mrs. Cheryl Bozzi 145 Olney Avenue North Providence, RI 02911

Dr. Joseph C. Cambio 1 Adelaide Avenue North Providence, RI 02911

Mrs. Betty Milazzo 34 Plymouth Road North Providence, RI 02904

Mrs. Jean Restivo 49 Belcourt Avenue North Providence, RI 02911

Mr. John Testa 73 Charlotte Street North Providence, RI 02904

Mr. Stephen Breggia 395 Smith Street Providence, RI 02908 -0



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**

		NON-FI	NOFIT CORPORATION
Co	orporate ID Number <u>ND-2</u>	7909	Annual Report for the year 1999
1.	I. The name of the corporation is SALVATOF		RE MANCINI CENTER ON AGING OF NORTHPROVIDENCE, INC.
2.	The state or other jurisd	iction under the law	s of which it is incorporated is Rhode Island
3.	The address of the regi-		corporation in this state is 2240 MINERAL SPRING AVENUE NO.
	and the name of its reg	istered agent in this	state at that address is KAREN A. TESTA
4.	The character of the aff	airs which it is actua multi purpose	ally conducting in Rhode Island, briefly stated, issenior_center
5	If a foreign corporation, incorporated is	the address of its p	rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rh	node Island2	2240 Mineral Spring Avenue
		Λ	North Providence, RI 02911
7.			fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
	Karen A. Testa	Director	171 Friendship Street, North Providence, RI 02904
		Director	
_		Director	
	Carol Pontarelli	President	15 Victor Street, North Providence, RI 02911
	John Marino	Vice-President	520 Smithfield Road, North Providence, RI 02904
	Barry Fishback	Secretary	11 Chestnut Street, North Providence, RI 02904
	Norma Dilibero	Treasurer	12 Turcone Street, North Providence, RI 02904
Da	ated: June 1, 1999  * 2 7 9 0 9		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.  Salvatore Mancini Center on Aging, Inc.
	FOR SECRETARY OF STATE !	SE ONLY	Exact Name of Corporation
ile	FOR SECRETARY OF STATE USE Date:	SEONLY	By Carol Pontarelli Circl Pontarelli
ጉ.	ock No.: 7448	_	Title Chair, Board of Directors
λΠζ			(Report must be signed by an officer)
3y:	<u> </u>		Form No. NP-13 Revised 5/98

# SALVATORE MANCINI CENTER ON AGING BOARD OF DIRECTORS

Mrs. Carol Pontarelli, Chair 15 Victor Street North Providence, RI 02911

Mr. John Marino, Vice Chair 520 Smithfield Road North Providence, RI 02904

Mr. Barry Fishback, Secretary 11 Chestnut Street North Providence, RI 02904

Mrs. Norma A. DiLibero, Treasurer 12 Turcone Street North Providence, RI 02904

Mrs. Cheryl Bozzi 145 Olney Avenue North Providence, RI 02911

Dr. Joseph C. Cambio 1 Adelaide Avenue North Providence, RI 02911

Mrs. Betty Milazzo 34 Plymouth Road North Providence, RI 02904

Mrs. Jean Restivo 49 Belcourt Avenue North Providence, RI 02911

Mr. John Testa 73 Charlotte Street North Providence, RI 02904

Mr. Stephen Breggia 395 Smith Street Providence, RI 02908



### **NON-PROFIT CORPORATION**

Çc	prporate ID Number <u>ND-2790</u>	)9	Annual Report for the year 1998
1.	The name of the corporation	n is SALVATOR	RE MANCINI CENTER ON AGING OF NORTHPROVIDENCE, INC.
2.	The state or other jurisdiction	on under the laws	of which it is incorporated is RHODE ISLAND
3.	The address of the register PROVIDENCE, RI 02911	red office of the o	corporation in this state is 2240 MINERAL SPRING AVENUE NO.
		red agent in this	state at that address is KAREN A. TESTA
4.		which it is actua	Ily conducting in Rhode Island, briefly stated, is
5			incipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rhod		O Mineral Spring Avenue
7.	North Providence, RI 02911  7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)		
	NAME	OFFICE	ADDRESS
_	Karen A. Testa	_Director	14 Edward Street, North Providence, RI 02904
_	<u>"</u>	_Director	
1		_Director	
$\overline{}$	Carol Pontarelli	_President	15 Victor Street, North Providence, RI 02911
	John Marino	_Vice-President	520 Smithfield Road, North Providence, RI 02904
_	Vincent J. Mesolella	_Secretary	119 Garfield Street. North Providence, RI 02904
	Robert J. Souza	Treasurer	320 Woonasquatucket Avenue, North Providence, RI 02911
Dated: June 8, 1998		<del></del>	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.  Salvatore Mancini Center on Aging, Inc.  Exact Name of Corporation
	FOR SECRETARY OF STATE USE O	ONLY	By Carol Pontarelli
File	Date: 6 72 98	_	By
Che	ck No.: 2012151		Title Chair, Board of Directors
Ву:	12 120	_	(Report must be signed by an officer)  Form No. NP-13
			Flavined 5/09

### SALVATORE MANCINI CENTER ON AGING

### BOARD OF DIRECTORS

Mrs. Carol Pontarelli, Chair 15 Victor Street North Providence, RI 02911

Mr. John Marino, Vice Chair 520 Smithfield Road North Providence, RI 02904

Mr. Vincent Mesolella, Sr. Secretary 119 Garfield Street North Providence, RI 02904

Mr. Robert J. Souza, Treasurer 320 Woonasquatucket Avenue North Providence, RI 02911

Dr. Joseph C. Cambio One Adelaide Avenue North Providence, Ri. 02911

Norma A. DiLibero 12 Turcone Street North Providence, RI 02904

Barry Fishback
11 Chestnut Street
North Providence, RI 02904

Mrs. Setty Milazzo 34 Plymouth Road North Providence, RI 02904

Mr. John Testa 73 Charlotte Street North Providence, RI 02904 Filing Fee: \$20.00

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	0027909	19년? Annual Report for the year
·		SALVATORE MANCINI CENTER ON AGING OF NORTH PROVIDENCE, INC.
SECOND: It is inc	corporated under the I	aws ofState of Rhode Island
THIRD: The char	acter of the affairs whi	ich it is actually conducting in Rhode Island, briefly stated, is
	Multi	purpose senior center
FOURTH: If a for	eign corporation, the a	address of its principal office in the state or country under the laws of
which it is incorporated is .	•••••••••••••••••••••••••••••••••••••••	•••••
FIFTH: Corporate	address in Rhode Isl	and
		North Providence, RI 02911
THIS REPORT	OFFICE	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.  ADDRESS
Karen A. Testa	Director	14 Edward Street, North Providence, RI 02904
John Marino	Director	520 Smithfield Road, North Providence, RI 02904
Carol Pontarelli	Director	15 Victor Street, North Providence, RI 02911
John Marino	President 520	Smithfield Rd North Providence, RI 02904.+
Carol Pontarelli	Vice-President	15 Victor Street, North Providence, RI 02911
Vincent J. Mesolel	laSecretary	119 Garfield Street, North Providence, RI 02904
Robert J. Souza	Treasurer	320 Woonasquatucket Avenue, North Providence, RI 02911
Dated: May 21,	19 .97	Salvatore Mancini Center on Aging, Inc. (Name of Corporation)
		By John a. Maine
PA	1D 1783	The Chairman, Board of Director
	12110 A +1365	(Report must be signed by an officer)

### SALVATORE MANCINI CENTER ON AGING, INC.

### Board of Directors (continued)

Dr. Joseph Cambio	1 Adelaide Avenue, N. Providence, RI 02911
Norma DiLibero	12 Turcone Street, N. Providence, RI 02904
Barry Fishback	11 Chestnut Street, N. Providence, RI 02904
Betty Milazzo	34 Plymouth Road, N. Providence, RI 02904
John Testa	73 Charlotte Street, N. Providence, RI 02904

• Filing Fee: \$20.00

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	0027909	Annual Report for the year	1995
FIRST: The name	of the corporation is	SALVATORE MANCINI CENTER ON AGING PROVIDENCE, INC.	OF NORTH
SECOND: It is inc	orporated under the la	State of Rhode Island	
		ich it is actually conducting in Rhode Island, briefly stat	ad is
		Multi purpose senior center	cu, is
		address of its principal office in the state or country und	er the laws of
			•
FIFTH: Corporate	address in Rhode Isla	and2240_Mineral_Spring_Avenue	••••••••••
***************************************	••••••	North Providence, RI 02911	••••••••••
		ectors and officers: (In compliance with 7-6-23 of the F of a corporation shall not be less than three (3).)	R.I.G.L. 1956,
THIS REPORT	WILL NOT BE ACC	CEPTED UNLESS THREE (3) DIRECTORS ARE	LISTED.
NAME	OFFICE	ADDRESS	
NAME Corinne Calise Russ		ADDRESS 9 Stella Drive, N. Providence, RI 02	911
	SO Director		911
Corinne Calise Rus	Director		•••••••••••••••••••••••••••••••••••••••
Corinne Calise Russ	Director Director Director	9 Stella Drive, N. Providence, RI 02	
Corinne Calise Russ	Director Director Director President	9 Stella Drive, N. Providence, RI 02	02911
Corinne Calise Russ	Director Director Director President Vice-President	9 Stella Drive, N. Providence, RI 02	02911 02911
John Marino  Carol Pontarelli  Vincent J. Mesolel  Robert J. Souza	Director Director Director President Vice-President Secretary Treasurer	9 Stella Drive, N. Providence, RI 02  .  55 Atlantic Blvd., N. Providence, RI  15 Victor Street, N. Providence, RI	02911 02911 I 02904
John Marino  Carol Pontarelli  Vincent J. Mesolel	Director Director Director President Secretary Treasurer d, attach rider)	9 Stella Drive, N. Providence, RI 02  55 Atlantic Blvd., N. Providence, RI  15 Victor Street, N. Providence, RI  119 Garfield Street, N. Providence, R  46 Wasiota Avenue, N. Providence, RI  Salvatore Mancini Center on Aging, Inc. (Name of Exproprison)	02911 02911 I 02904 02911
Corinne Calise Russ  John Marino  Carol Pontarelli  Vincent J. Mesolel  Robert J. Souza  (If additional space is neede	Director Director Director President Secretary Treasurer d, attach rider)	9 Stella Drive, N. Providence, RI 02  55 Atlantic Blvd., N. Providence, RI  15 Victor Street, N. Providence, RI  119 Garfield Street, N. Providence, R  46 Wasiota Avenue, N. Providence, RI  Salvatore, Mancini Center on Aging, Inc.	02911 02911 I 02904 02911

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.

### SALVATORE MANCINI CENTER ON AGING, INC.

### Board of Directors (continued)

Dr. Joseph Cambio	1 Adelaide Avenue, N. Providence, RI U2911
Norma DiLibero	12 Turcone Street, N. Providence, RI 02904
Barry Fishback	11 Chestnut Street, N. Providence, RI 02904
Betty Milazzo	34 Plymouth Road, N. Providence, RI 02904
John Testa	73 Charlotte Street, N. Providence, RI 02904

Filing Fee: \$20.00

To be filed annually during the month of June

# State of Rhode Island and Providence Plantations Corporation Division

Corporation Division 100 North Main Street Providence, RI 02903

### **NON-PROFIT CORPORATION**

Annual Report for the year1995
SALVATORE MANCINI CENTER ON AGING OF NORTH PROVIDENCE, INC.
aws ofState.of.Rhode.Island
ich it is actually conducting in Rhode Island, briefly stated, is
rpose senior center
address of its principal office in the state or country under the laws of
land 2240 Mineral Spring Avenue
North Providence, RI 02911
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).) CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
<del></del>
ADDRESS
ADDRESS
ADDRESS  9 Stella Drive, No. Providence, RI 02911
ADDRESS  9 Stella Drive, No. Providence, RI 02911  55 Atlantic Blvd., No. Providence, RI 02911
ADDRESS  9 Stella Drive, No. Providence, RI 02911  55 Atlantic Blvd., No. Providence, RI 02911  15 Victor Street, No. Providence, BI 02911
ADDRESS  9 Stella Drive, No. Providence, RI 02911  55 Atlantic Blvd., No. Providence, RI 02911  15 Victor Street, No. Providence, RI 02911  119 Garfield Street, No. Providence, RI 02904
ADDRESS  9 Stella Drive, No. Providence, RI 02911  55 Atlantic Blvd., No. Providence, RI 02911  15 Victor Street, No. Providence, BI 02911
ADDRESS  9 Stella Drive, No. Providence, RI 02911  55 Atlantic Blvd., No. Providence, RI 02911  15 Victor Street. No. Providence, RI 02911  119 Garfield Street, No. Providence, RI 02904  39 Jacksonia Drive, No. Providence, RI 02911  Salvatore Mancini Center on Aging  (Name of Composition)
ADDRESS  9 Stella Drive, No. Providence, RI 02911  55 Atlantic Blvd., No. Providence, RI 02911  15 Victor Street. No. Providence, RI 02911  119 Garfield Street, No. Providence, RI 02904  39 Jacksonia Drive, No. Providence, RI 02911  Salvatore Mancini Center on Aging  (Name of Composition)
ADDRESS  9 Stella Drive, No. Providence, RI 02911  55 Atlantic Blvd., No. Providence, RI 02911  15 Victor Street, No. Providence, RI 02911  119 Garfield Street, No. Providence, RI 02904  39 Jacksonia Orive, No. Providence, RI 02911  Salvatore Mancini Center on Aging

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.

## SALVATORE MANCINI CENTER ON AGING BOARD OF DIRECTORS, continued

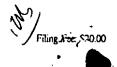
John Testa 73 Charlotte Street, No. Providence, RI 02904

Robert Souza 46 Wasiota Avenue, No. Providence, RI 02911

George Miller 29 Mc Guire Road B-304, No. Providence, RI 02904

Betty Milazzo 34 Plymouth Road, No. Providence, RI 02904

Dr. Joseph Cambio 1 Adelaide Avenue, No. Providence, RI 02911



To be filed annually during the month of June

# Filing Fier 50.00 State of Phode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number002	7909	Annual Report for the year	1994
FIRST: The name of the c	corporation is	Salvatore Mancini Center on Aging of N.	Providence Inc.
SECOND: It is incorporate	ed under the laws	of Rhode Island	
THIRD: The character of Multi purpose social		it is actually conducting in Rhode Island, briefly y for elderly	
_		dress of its principal office in the state or country	under the laws of
Europe Compress address	e in Phodo Island	1 2240 Mineral Spring Avenue	
rieth. Corporate address	S III KIIOGC ISIAIIC	North Providence, RI 02911	**************************************
NAME	OFFICE	st include street and number, if any)  ADDRESS  55. Atlantic Roulevard, N. Providence.	RI 02911
John Marino	. Director	55 Atlantic Boulevard, N. Providence,	
Robert J. Souza		320 Woonesquetucket Ave., N. Providen 29 McGuire Rd. B-304, N. Providence,	
George Miller John Testa		73 Charlotte Street, N. Providence, RI	
Carol Bostorolli	. President . Vice President	15 Victor Street N. Providence RI O	• • • • • • • • • • • • • • • • • • • •
Vincent J. Mesolella, Sr Sabatino Gianfrancesco	: Secretary . Treasurer	119 Garfield Street, N. Providence, RI 39 Jacksonia Driva, N. Providence, RI	
(If additional space is needed, uttack Dated: June 13,		Salvatore Mancini Center on Agimg of (Name of Corporation)	N. Providence, I
		By John Testa Titlc President	عدر د
		(Report must be	signed by an officer)

Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

FORM NO N-13

ეცე 0 5 1994 D, \_\_\_\_\_ , D, Q DIRECTORS (continued) . . .

Betty Milazzo 34 Plymouth Road, N. Providence, RI 02904

Dr. Joseph C. Cambio 1 Adelaide Avenue, N. Providence, RI 02911

7535 JB

To be filed annually during the month of June

### State of Rhode Island and Providence Plantations

### NON-PROFIT CORPORATION

MAY 6 - 1993

Corporate ID Number 0027909	Annual Report for the year					
FIRST: The name of the cor	poration is	NORTH (	PROVIDENCE S	ENIOR	CITIZENS'	CENTER
SECOND: It is incorporated	under the laws	s of State of Rhoo	de Island		••••••	••••
THIRD: The character of the		it is actually conducting purpose senior of		i, briefly	stated, is	·····
FOURTH: If a foreign corporated is					under the laws	s of
FIFTH: Corporate address in	n Rhode Island	j 2240 Mineral	Spring Avenue			
		North Provide	ence, RI 0291	1	******************************	••••
SIXTH: Names and addresse	ors and officers:		M	· · · · · · · · · · · · · · · · · · ·		
	(Addresses mu	st include street and numb	er, if any)	SEC	Y OF ST,^T	•
NAME Corinne Calise Russo	OFFICE Director	3 Stella Drive, N.	ADDRESS Providence, R	I 0291	1	
1	Director				•••••••	*****
	Director					•••••
John Testa	President	73 Charlotte Street	t, N. Providen	ce, RI	02904	
Carol Pontarelli	Vice President	15 Victor Street, N. Providence, BI 02911				
Vincent J. Mesolella, Sr.	Secretary	119 Garfield Stree	et, N. Provide	nce, RI	02904	
Sabatino Gianfrancesco (If additional space is needed, attach r	39 Jacksonia Driv	39 Jacksonia Drive, N. Providence, RI 02911			•••••	
Dated: May 24.	19 <u>93</u> .	North Providence (Name of Corporation)  By  Chairman of	Les	s' Cent	er, Inc.	•••••

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division. 100 North Main Street, Providence, RI 02903.

Filing Fee: \$20.00

To be filed annually during the month of June

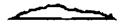
# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION



Corporate ID Number00279	909	Annual Report for the year1992
First: The name of the co	orporation is	NORTH PROVIDENCE SENIOR CITIZENS' CENTE
SECOND: It is incorporated	d under the laws	s of State of Rhode Island
THIRD: The character of t	he affairs which	it is actually conducting in Rhode Island, briefly stated, is
FOURTH: If a foreign corp	oration, the add	dress of its principal office in the state or country under the laws of
which it is incorporated is		
FIFTH: Corporate address	in Rhode Island	2240 Mineral Spring Avenue North Providence, RI 02911
SIXTH: Names and addres	ses of its directo	st include street and number, if any)  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
	(Addresses mu	st include street and number, if any)
NAME	OFFICE	ADDRESS
Corinne Calise Russo	Director	9 Stella Drive, No. Providence, RI 02911
	Director	
Isha Taska	Director	72 Charlette Charat Na annidana DT 02004
John Testa		73 Charlotte Street, No. providence, RI 02904
Carol Pontarelli	Vice President	15 Victor Street, No. Providence, RI 02911
Vincent Mesolella, Sr.	Secretary	119 Garfield Street, No. Providence, RI 02904
Sabatino Gianfrancesco	Treasurer	39 Jacksonia Drive, No. Providence, RI 02911
Oated: June 2		North Providence Senior Citizens' Center, Inc.  (Name of Corporation)  By

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.



//iling/Fee: \$20.00

# State of Rhode Island and Providence Plantations

### D. N.

NON-PROFIT CORPORATION

Corporate ID Number00279	09	Annual Report for the year1991
		NORTH PROVIDENCE SENIOR CITIZENS' CENT
SECOND: It is incorporate	d under the law	s of State of Rhode Island
THIRD: The character of t	he affairs which	it is actually conducting in Rhode Island, briefly stated, is
_		dress of its principal office in the state or country under the laws of
FIFTH: Corporate address	in Rhode Island	d 2240 Mineral Spring Avenue
_		North Providence, RI 02911
NAME		st include street and number, if any)
NAME Corinne Calise Russo	OFFICE	9 Stella Drive, North Providence, RI 02911
	Director	o occide brive, north frovidence, nr 02311
John Testa	Director President	73 Charlotte Street, North Providence, RI 029 <u>11</u>
Carol Pontarelli	Vice President	15 Victor Street, North Providence, RI 02911
Vincent J. Mesolella, Sr.	Secretary	119 Garfield Street, North Providence, RI 02904
Sabatino Gianfrancesco (If additional space is needed, attach	Treasurer	39 Jacksonia Drive, North Providence, RI 02911
Dated: June 19	19 91	North Providence Senior Citizens' Center, Inc.
PAII	و	By Jam Leola
PAIL JUN 2 8 1 SEC'Y OF 22	<del>-</del> ///	Title Chairman of the Board
SECYOFO	अभ	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

# \* State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

MAY 14 1990

Corporate ID Number 00279	09	Annual Report for the year 1990
FIRST: The name of the	corporation is	NORTH PROVIDENCE SENIOR CITIZENS' CENTER
SECOND: It is incorporate	ed under the law	s of State of Rhode Island
THIRD: The character of	the affairs which	it is actually conducting in Rhode Island, briefly stated, is
		dress of its principal office in the state or country under the laws of
FIFTH: Corporate address	s in Rhode Island	d 2240 Mineral Spring Avenue North Providence, RI 02911
SIXTH: Names and addre	esses of its directo	ors and officers:
	(Addresses mu	st include street and number, if any)
NAME Corinne Calise Russo	OFFICE Director Director	9 Stella Drive, North Providence, RI 02911
•••••••••••••••••••••••••••••••••••••••	Director	
John Testa	President	73 Charlotte Street, North Providence, RI 02904
Carol Pontarelli	. Vice President	15 Victor Street, North Providence, RI 02911
Vincent J.Mesolella,Sr		119 Garfield Street, North Providence, RI 02904
(If additional space is needed, attach	Treasurer	
Dated: May 15, 1990	19 <u>90</u> <b>PAID</b>	NORTH PROVIDENCE SENIOR CITIZENS' CENTER, INC.  (Name of Corporation)  By  A
	MAX S S IAAD	Title & Chairman of the Board
SE	C'Y. OF STAT	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

### BOARD OF DIRECTORS

```

Sam Gianfrancesco - 39 Jacksonia Drive, North Providence, RI 02911

John Marino - 55 Atlantic Boulevard, North Providence, RI 02911

Robert J. Souza - 320 Woonasquatucket Avenue, North Providence, RI 02911

Thomas DiPaolo - P.O. Box 4008, Centredale, RI 02911

George Miller - 29 McGuire Road, Apt. B304, North Providence, RI 02904

Elizabeth Milazzo - 34 Plymouth Road, North Providence, RI 02904

### Filing Fce: \$10.00

# State of Rhode Island and Providence Plantations

### NON-PROFIT CORPORATION

| orporate ID Number 0027905                                                                                | }<br>                                                                                           | Annual Report for the year 1959                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRST: The name of the c                                                                                  | orporation is                                                                                   | NORTH PROVIDENCE SENIOR CITIZENS' CENTE                                                                                                                                                              |
| SECOND: It is incorporate                                                                                 | d under the laws                                                                                | of State of Rhode Island                                                                                                                                                                             |
| THIRD: The character of                                                                                   | he affairs which i                                                                              | it is actually conducting in Rhode Island, briefly stated, is                                                                                                                                        |
|                                                                                                           |                                                                                                 | ress of its principal office in the state or country under the laws of                                                                                                                               |
| FIFTH: Corporate address                                                                                  | in Rhode Island                                                                                 | 2240 Mineral Spring Avenue                                                                                                                                                                           |
| in the composition and the                                                                                |                                                                                                 |                                                                                                                                                                                                      |
| SIXTH: Names and addre                                                                                    | sses of its director                                                                            | North Providence, RI 02911 s and officers:                                                                                                                                                           |
| SIXTH: Names and addre                                                                                    |                                                                                                 |                                                                                                                                                                                                      |
| SIXTH: Names and addre                                                                                    |                                                                                                 | rs and officers:                                                                                                                                                                                     |
|                                                                                                           | (Addresses mus                                                                                  | rs and officers:                                                                                                                                                                                     |
| NAME Corinne Calise Russo                                                                                 | (Addresses must office Director Director President                                              | st include street and number, if any)  ADDRESS  9 Stella Drive, North Providence, RI 02911  //3 Charlotte Street, North Providence, RI 02911                                                         |
| NAME Corinne Calise Russo                                                                                 | (Addresses must office  Director  Director  President  Vice President                           | rs and officers:  It include street and number, if any)  ADDRESS  9 Stella Drive, North Providence, RI 02911                                                                                         |
| NAME Corinne Calise Russo  Carol Pontarelli  Vincent Mesolella, Sr.                                       | (Addresses mustoffice  Director  Director  President  Vice President  Secretary  Treasurer      | st include street and number, if any)  ADDRESS  9 Stella Drive, North Providence, RI 02911  //3 Charlotte Street, North Providence, RI 02911  15 Victor Street, North Providence, RI 02911           |
| NAME Corinne Calise Russo  Carol Pontarelli  Vincent Mesolella, Sr.                                       | (Addresses mustoffice  Director Director President  Vice President  Secretary  Treasurer rider) | st include street and number, if any)  ADDRESS  9 Stella Drive, North Providence, RI 02911  /3 Charlotte Street, North Providence, RI 02911  15 Victor Street, North Providence, RI 02911            |
| NAME Corinne Calise Russo  Carol Pontarelli  Vincent Mesolella, Sr.  - additional space is needed, attach | (Addresses mustoffice  Director Director President  Vice President  Secretary  Treasurer rider) | ADDRESS  9 Stella Drive, North Providence, RI 02911  //3 Charlotte Street, North Providence, RI 02911  15 Victor Street, North Providence, RI 02911  119 Garfield Street, North Providence, RI 02904 |

If the corporation has changed its registered office and/or its registered agent, C'Y OF STATE Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

#### Board of Directors

Sam Gianfrancesco

John Marino

Röbert J. Souza

Thomas DiPaolo

George Miller

Elizabeth Milazzo

39 Jacksonia Drive, No. Providence, RI 02911

55 Atlantic Blvd., No. Providence, RI 02911

320 Woonasquatucket Ave., No. Prov., RI 02911

41 Conifer Drive, No.Providence, RI 02904

29 McGuire Road, Apt. B304, No. Prov., RI 02904

34 Plymouth Road, No. Providence, RI 02904

### State of Rhode Island and Providence Plantations



NON-PROFIT CORPORATION

| Corporate ID   | Number05-0                              | 379931               | Annual Report for the year 1988-89                                      |
|----------------|-----------------------------------------|----------------------|-------------------------------------------------------------------------|
| First:         | The name of the c                       | orporation is        | North Providence Senior Citizens' Center, Inc.                          |
| SECOND         | : It is incorporate                     | d under the law      | s ofState of Rhode Island                                               |
| THIRD:         | The character of multi purpose          |                      | n it is actually conducting in Rhode Island, briefly stated, iser       |
|                |                                         |                      | dress of its principal office in the state or country under the laws of |
| <b>Г</b> ІРТН: | Corporate address                       | in Rhode Islan       | d 2240 Mineral Spring Avenue                                            |
|                |                                         |                      | North Providence, RI 02911                                              |
| Ѕіхтн:         | Names and address                       | sses of its director | ors and officers:                                                       |
|                |                                         | (Addresses mu        | est include street, number if any, and zip code)                        |
| ١              | NAME                                    | OFFICE               | ADDRESS JUL 1 8 1988                                                    |
| Corinne R      | usso                                    | Director             | Nine Stella Drive, North Parolon STATE                                  |
|                |                                         |                      |                                                                         |
|                | _                                       |                      |                                                                         |
|                | d<br>+amo115                            |                      | .73 Charlotte Street, North Providence, RI 02904                        |
| Carol Pon      | • • • • • • • • • • • • • • • • • • • • |                      | 15 Victor Street, North Providence, RI 02911                            |
| VINCENT M      | esolella, Sr.                           | Secretary            | 119 Garfield Street, North Providence, RI 02904                         |
|                | pace is needed, attach                  | Treasurer rider)     |                                                                         |
| •              | ly 12,                                  | •                    | North Providence Senior Citizens' Center, Inc.                          |
|                |                                         |                      | (Name of Corporation)                                                   |
|                |                                         |                      | Title Chairman of the Board                                             |
|                |                                         |                      | Title Chairman of the Board                                             |

(Report must be signed by an officer)

### **BOARD OF DIRECTORS**

Mr. Sam Gianfrancesco

Mr. Emil Levesque

Mr. John Marino

Mr. Ralph Abbruzzese

Mr. Robert Souza

Mr. Thomas DiPaolo

39 Jacksonia Drive, North Providence, RI 02911

415 Sunset Avenue, North Providence, RI 02904

55 Atlantic Boulevard, North Providence, RI 02911

141 Windmill Street, North Providence, RI 02904

320 Woonasquatucket Avenue, North Providence, RI 02911

41 Conifer Drive, North Providence, RI 02904

# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

| Corporate ID Number 27909                        | • · · · · •             | Annual Report for the year 1987                                                                 |
|--------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------|
| First: The name of the corpo                     | oration is              | NORTH PROVIDENCE SENIOR CITIZENS C                                                              |
| SECOND: It is incorporated un                    | nder the laws           | ofRhode-Island                                                                                  |
|                                                  |                         | in Rhode Island is 2240 Mineral Spring Avenue, and 02911 and the name of its                    |
|                                                  |                         | is John Testa, Chairman.                                                                        |
| -                                                |                         | lress of its principal office in the state or country under the laws of                         |
| FIFTH: The character of the af                   |                         | it is actually conducting in Rhode Island, briefly stated, is                                   |
| SIXTH: Names and addresses of                    |                         | at include street and number, if any)                                                           |
| / NAME (                                         | OFFICE                  | ADDRESS 3 1991                                                                                  |
| Emil Levesque Dir                                | rector                  | 415 Sunset Ave., Apt. C-54, No. Providence, RI 0290                                             |
| John Marino Dir                                  | rector                  | 55 Atlantic Boulevard, No. Providence, RI 02911                                                 |
| Sam Gianfrancesco Di                             | rector                  | 39 Jacksonia Drive, No. Providence, RI 02911                                                    |
| Carol Pontarelli                                 | esident<br>ce President | 73 Charlotte Street, No. Providence, RI 02904 15 Victor Street, No. Providence, RI 02911        |
| Vincent Mesolella, Sr. Sec<br>Fred Pickering Tre | =                       | 119 Garfield Street, No. Providence, RI 02904<br>28 Peach Hill Avenue, No. Providence, RI 02911 |
| (If additional space is needed, attach ride      | er)                     | •                                                                                               |
| Dated: June 10 19                                |                         | North Providence Senjor Citizens' Center, Inc. (Name of Corporation)                            |
| JUN 22                                           | 2 1987                  | Title Chairman of the Board                                                                     |
| SEC'Y. OF                                        | STATE                   | (Report must be signed by an officer)                                                           |

If the corporation has changed its registered office and/or its registered agent, Form 9 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

NAME

<u>ADDRESS</u>

Ralph Abbruzzese

141 Windmill Street, No. Providence, RI 02904

Robert Souza

320 Woonasquatucket Ave. No. Providence, RI 02911

# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

| Corporate ID Number279                            | 09                                     | Annual Report for the year 1986                                           |
|---------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------|
| ENTER INC                                         |                                        | NORTH PROVIDENCE SENIOR CITIZENS 'C                                       |
| SECOND: It is incorpo                             | rated under the la                     | aws of Rhode Island                                                       |
|                                                   |                                        | ich it is actually conducting in Rhode Island, briefly stated, is         |
| 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                       | ······································ |                                                                           |
| North Provi                                       | dence, Rhode                           | and 2240 Mineral Spring Avenue Island 02911 ctors and officers:           |
|                                                   | (Addresses                             | must include street, number if any, and zip code)                         |
| NAME                                              | OFFICE                                 | ADDRESS                                                                   |
| Sam Gianfrancesco                                 | Director                               | 39 Jacksonia Drive, North Providence, R.I. 02911                          |
| Emil Levesque                                     | Director                               | .415 Sunset Avenue, AptC-54, No. Prov., R.I. 02904                        |
| John Marino                                       | Director                               | 55 Atlantic Boulevard, North Providence, R.I. 02911                       |
| John Testa                                        | President                              | 73 Charlotte Street, North Providence, R.I. 02904                         |
| Carol Pontarelli                                  | Vice Preside                           | nt 15 Victor Street, North Providence, R.I. 02911                         |
|                                                   |                                        |                                                                           |
| Fred Pickering (If additional space is needed, at |                                        | 28 Peach Hill Avenue, North Providence, R.I. 02911                        |
| Dated:                                            | 19                                     | North Providence Senior Citizens' Center, Inc. (Name of Compration)       |

If the corporation has changed its registered office and/or its registered agent,
Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

Title Chairman of the Board

(Report must be signed by an officer)

PAIDJUL 1 1986

AUG 08 ENT'A

| Name                   | <u>Office</u> | Address                                           |
|------------------------|---------------|---------------------------------------------------|
| Vincent Mesolella, Sr. | Director      | 119 Garfield Street, North Providence, R.I. 02904 |
| Pasco Raccio           | Director      | 947 Charles Street, North Providence, R.I. 02904  |
| Robert Souza           | Director      | 320 Woonasquatucket Ave., No. Prov., R.I. 02911   |

Filing Fee: \$10.00

### State of Rhode Island and Providence Plantations

### NON-PROFIT CORPORATION

| Corporate ID Number                               | 9                      | Annual Report for the year 1985                                         |
|---------------------------------------------------|------------------------|-------------------------------------------------------------------------|
|                                                   |                        | NORTH PROVIDENCE SENIOR CITIZENS 'C                                     |
| FIRST: The name of the ENTER, INC.                | ne corporation is      |                                                                         |
| SECOND: It is incorpo                             | rated under the law    | vs of Rhode Island                                                      |
| THIRD: The address o                              | f its registered offic | e in Rhode Island is 2240 Mineral Spring Avenue                         |
|                                                   | dence, R.I. 02         |                                                                         |
| registered agent at such addr                     | ess in Rhode Island    | is Corinne Calise Russo                                                 |
| FOURTH: If a foreign                              | corporation, the ad    | dress of its principal office in the state or country under the laws of |
| which it is incorporated is                       |                        |                                                                         |
| FIFTH: The character                              | of the affairs which   | it is actually conducting in Rhode Island, briefly stated, is           |
| - a multi pur                                     | pose social ser        | rvice agency on aging -                                                 |
|                                                   |                        |                                                                         |
| Sixth: Names and ad                               | dresses of its direct  | ors and officers: ust include street and number, if any)                |
|                                                   |                        | ADDRESS                                                                 |
| NAME<br>Vincent Mesolella                         | OFFICE                 | c/o All-State Lumber, 9 Putnam Avenue, Johnston, R.I                    |
| John Marino                                       |                        | 02919<br>55 Atlantic Boulevard, North Providence, R.I. 02911            |
| Robert Souza                                      | •                      | 56 Thompson Drive, Seekonk, Massachusetts 02771                         |
|                                                   |                        | 73 Charlotte Street, North Providence, R.I. 02904                       |
| Carol Pontarelli                                  | President              | 15 V' + C+ + N + H D + H D T 00011                                      |
| ***************************************           | Vice President         |                                                                         |
| Florence Fitzroy                                  | Secretar               | 112 Waterman Avenue, North Providence, R.I. 02911                       |
| Fred Pickering (If additional space is needed, at | Treasuren              | 28 Peach Hill Avenue, North Providence, R.I. 02911                      |
| Dated: May 21,                                    | . 10                   | North Providence Senior Citizens' Center, Inc.                          |
|                                                   |                        | By tolende                                                              |
| ā                                                 | 0198A001               | Title Chairman, Board of Directors                                      |
|                                                   | , <b>0</b> 1           | (Report must be signed by an officer)                                   |

If the corporation has changed its registered office and/or its registered agent,
Form 9 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

### RIDER

Emil Levesque - 415 Sunset Avenue, Apt. C-54, North Providence, R.I. 02904 Pasco Raccio - 947 Charles Street, North Providence, R.I. 02904

### State of Rhode Island and Providence Plantations

### BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of June, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

| The           | North Providence Senior Ci       | tizens' Center, Inc.              |           |
|---------------|----------------------------------|-----------------------------------|-----------|
|               |                                  | State of Rhode Island does hereby |           |
| following rep | port, as required by § 7-6-14 of | Chapter 7-6 of the General Laws o | f 1956 as |
| amended:-     |                                  |                                   |           |

- (1.) Name of Corporation North Providence Senior Citizens' Center, Inc.
- (2.) Location of Principal Office in Rhode Island 2240 Mineral Spring Avenue, North
  (No. Street, City of Town)
  Providence, R.I. 02911
- (3.) Names and addresses of all Officers, and Date of Expiration of Term of Office of each:—

| OFFICE.    | NAME.             | ADDRESS.               | TERM EXPIRES. |
|------------|-------------------|------------------------|---------------|
| Chairman   | John Testa        | 73 Charlotte Street    | 9-30-88       |
| Vice Chair | Carol Pontarelli  | 15 Victor Street       | 9-30-88       |
| Secretary  | Florence Fitzroy  | 112 Waterman Street    | 9-30-87       |
| Treasurer  | Fred Pickering    | 28 Peach Hill Avenue   | 9-30-87       |
|            | Emil Levesque     | 415 Sunset Avenue      | 9-30-86       |
|            | John Marino       | 55 Atlantic Boulevard  | 9-30-88       |
|            | Vincent Mesolella | 119 Garfield Avenue    | 9-30-88       |
|            | Pasco Raccio      | 947 Charles Street     | 9-30-86       |
|            | Robert Souza      | 5<br>56 Thompson Drive | 9-30-87       |
|            |                   | 84 .                   |               |

(4.) Date Appointed for Next Annual Meeting of the Corporation 10/23 1984

(Nathe)

I hereby certife the foregoing to be correct:-

(Designation of Officer Certifying)

AUG 7 1984

LAN

Prince Rus

Corinne M. Russo, Director

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BIENNIAL REPORT

FILED IN THE OFFICE OF THE SECRETARY OF STATE

19.....

### -State of Rhode Island and Providence Plantations

### BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of June, of each even year, in the office of the charter.)

SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of a corporation created under the laws of the State of Rhode Island does hereby make the following report, as required by § 7-6-14 of Chapter 7-6 of the General Laws of 1956 as amended:-Name of Corporation north Storidans Location of Principal Office in Rhode Island 2244 narth Names and addresses of all Officers, and Date of Expiration of Term of Office of (3.)each:-TERM EXPIRES. (4.) Date Appointed for Next Annual Meeting of the Corporation  $/\mathcal{U}_{j}$ 

I herebycertify the foregoing to

BIENNIAL REPORT

FILED IN THE OFFICE OF THE SECRETARY OF STATE

:

19

### State of Rhode Island and Providence Plantations

# BIÉNNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

|                          |                           |                     | nd does hereby make the<br>General Laws of 1956 as  |   |
|--------------------------|---------------------------|---------------------|-----------------------------------------------------|---|
| (1.) Name of Corp        | oration North Prov        | idence Senior Ci    | tizens Center, Inc.                                 |   |
| (2.) Location of P       | rincipal Office in Rhod   |                     | Street, Ro. Proy., R.I. treet, City or Town)        |   |
| (3.) Names and acceach:— | ldresses of all Officers, | and Date of Expirat | ion of Term of Office of                            |   |
| OFFICE.                  | NAME.                     | ADDRESS.            | TERM EXPIRES.                                       |   |
| Chairman                 | John Testa                | 73 Charlotte        | St., N.P. October, 1980                             |   |
| Vice-Chairman            | Carol Pontare             | lli 15 Victor St.   | ., N.P. October, 1980                               |   |
|                          |                           |                     |                                                     |   |
| Secretary                | Florence Fitz             | roy 112 Watermai    | n Ave., N.P. October, 198                           | ì |
| Secretary<br>Treasurer   |                           |                     | n Ave., N.P. October, 198 Hill Ave.,N.P.October, 19 |   |
| Treasurer                |                           | kering 28 Peach     |                                                     |   |
| Treasurer                | Frederick Pic             | kering 28 Peach     |                                                     |   |

BIENNIAL REPORT

:3.

Filed in the Office of the Secretary of State

19