



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

Annual Report for the year: 2018

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 07 2018

BY

9135

|                                                                                                                                                                                                                               |                    |                                                                                                                                                                                                  |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. Entity ID Number<br><b>000029195</b>                                                                                                                                                                                       |                    | 2. Exact name of the Corporation<br><b>SOCIETY OF ST VINCENT DE PAUL (SVDP) RHODE ISLAND</b>                                                                                                     |                                           |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                                                                        |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>TO PROVIDE CHARITABLE ASSISTANCE TO NEEDY RHODE ISLANDERS THROUGH PARISH BASED CONFERENCES OF THE SOCIETY.</b> |                                           |
| 4. NAICS Code <b>OTHER</b><br><b>624190-INDIV.</b>                                                                                                                                                                            |                    |                                                                                                                                                                                                  |                                           |
| 6. Principal Office Address<br><b>31 POPLAR DR.</b>                                                                                                                                                                           |                    | City<br><b>CRANSTON</b>                                                                                                                                                                          | State<br><b>RI</b><br>Zip<br><b>02920</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>                                                                     |                    |                                                                                                                                                                                                  |                                           |
| President Name<br><b>MARK GORDON</b>                                                                                                                                                                                          |                    | Vice-President Name<br><b>PAUL FISETTE</b>                                                                                                                                                       |                                           |
| Street Address<br><b>4 ROSEMOUNT LANE</b>                                                                                                                                                                                     |                    | Street Address<br><b>11 SUMMER COURT</b>                                                                                                                                                         |                                           |
| City<br><b>WESTERLY</b>                                                                                                                                                                                                       | State<br><b>RI</b> | City<br><b>SMITHFIELD</b>                                                                                                                                                                        | State<br><b>RI</b>                        |
| Zip<br><b>02891</b>                                                                                                                                                                                                           |                    | Zip<br><b>02917</b>                                                                                                                                                                              |                                           |
| Secretary Name<br><b>MARIA ROSE</b>                                                                                                                                                                                           |                    | Treasurer Name<br><b>RAYMOND ANDOLFO</b>                                                                                                                                                         |                                           |
| Street Address<br><b>40 CYPRESS ST. #3</b>                                                                                                                                                                                    |                    | Street Address<br><b>58 W. HILL DR.</b>                                                                                                                                                          |                                           |
| City<br><b>PROVIDENCE</b>                                                                                                                                                                                                     | State<br><b>RI</b> | City<br><b>CRANSTON</b>                                                                                                                                                                          | State<br><b>RI</b>                        |
| Zip<br><b>02906</b>                                                                                                                                                                                                           |                    | Zip<br><b>02920</b>                                                                                                                                                                              |                                           |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span> |                    |                                                                                                                                                                                                  |                                           |
| Director Name<br><b>LISA PETERS</b>                                                                                                                                                                                           |                    | Director Name<br><b>BRUCE OLEAN</b>                                                                                                                                                              |                                           |
| Street Address<br><b>30 HIGH ST.</b>                                                                                                                                                                                          |                    | Street Address<br><b>126 KENYON HILL TR.</b>                                                                                                                                                     |                                           |
| City<br><b>NO. PROVIDENCE</b>                                                                                                                                                                                                 | State<br><b>RI</b> | City<br><b>WYOMING</b>                                                                                                                                                                           | State<br><b>RI</b>                        |
| Zip<br><b>02904</b>                                                                                                                                                                                                           |                    | Zip<br><b>02898</b>                                                                                                                                                                              |                                           |
| Director Name<br><b>STEVE BRAYER</b>                                                                                                                                                                                          |                    | Director Name<br><b>TOM WALSH</b>                                                                                                                                                                |                                           |
| Street Address<br><b>29 PEACH ORCHARD RD.</b>                                                                                                                                                                                 |                    | Street Address<br><b>26 POCONO DR</b>                                                                                                                                                            |                                           |
| City<br><b>RIVERSIDE</b>                                                                                                                                                                                                      | State<br><b>RI</b> | City<br><b>WARWICK</b>                                                                                                                                                                           | State<br><b>RI</b>                        |
| Zip<br><b>02915</b>                                                                                                                                                                                                           |                    | Zip<br><b>02888</b>                                                                                                                                                                              |                                           |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.                                                                                     |                    |                                                                                                                                                                                                  |                                           |
| <b>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.</b>                   |                    |                                                                                                                                                                                                  |                                           |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>                                             |                    |                                                                                                                                                                                                  |                                           |
| Name of Officer/Authorized Representative<br><b>RENEE BRISSETTE</b>                                                                                                                                                           |                    |                                                                                                                                                                                                  | Date<br><b>5/31/18</b>                    |
| Signature of Officer/Authorized Representative<br>                                                                                                                                                                            |                    |                                                                                                                                                                                                  | SIGN DOCUMENT HERE                        |

## MAIL TO:

Division of Business Services

148 W River Street, Providence Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

ID  
29195

**Society of St. Vincent de Paul (SVDP) Rhode Island**  
**Diocesan Council of Providence**

**Mailing Address:** PO Box 100265 Cranston RI 02910  
**Telephone:** 401-490-0822  
**Diocesan Council Location:** 31 Poplar Drive Cranston RI 02920

**Executive Director**  
Renee' Brissette [rbrissette@svdpri.org](mailto:rbrissette@svdpri.org)

**President**  
Mark Gordon 4 Rosemount Lane Westerly RI 02891

**Past President**  
Rita St. Pierre 194 Cobourn Avenue Worcester MA 01604

**Vice President/Systemic Change**  
Paul Fisette 11 Summer Court Smithfield RI 02917

**Vice President/Governance**  
Mike Vieira 78 Middle Road Portsmouth RI 02871

**Secretary**  
Maria Rose 42 Cypress St. #3 Providence RI 02906

**Treasurer**  
Raymond Andolfo 58 W Hill Drive Cranston RI 02920

**Spiritual Director**  
Rita St. Pierre 194 Cobourn Avenue Worcester MA 01604

**Northern RI District President**  
Lisa Peters 20 High Street N. Providence RI 02904

**FILED**

JUN 07 2018

BY

91355  
[Signature]

**East Bay District President**

Steve Brayer 29 Peach Orchard Road Riverside RI 02915

**Southern RI District**

Bruce Olean 126 Kenyon Hill Tr. Wyoming RI 02898

**West Bay District President**

Tom Walsh 26 Pocono Drive Warwick RI 02888

**Appointed Member**

Jeanette Ayinkamiye 24 Tecumseh St. Providence RI 02906

ID

29195

**FILED**

JUN 07 2018

BY

9/35  
20K