



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000150365

**2. Name of Corporation** Ocean State Adult Immunization Coalition

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 2077 EAST MAIN ROAD

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO REDUCE MORTALITY AND MORBIDITY ASSOCIATED WITH VACCINE-  
PREVENTABLE DISEASES AMOUNG ADULTS THROUGH MEDICAL PROVIDER  
INITIATIVES, DEVELOPMENT AND IMPLEMENTATION OF PUBLIC EDUCATION  
IMMUNIZATION CAMPAIGNS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	RICHARD WILLIAM RADEBACH	2077 EAST MAIN RD PORTSMOUTH, RI 02871 USA
DIRECTOR	DONNA B DUBE	52 POUND RD CUMBERLAND, RI 02864 USA
DIRECTOR	MARY T FALVEY	4 ELIZABETH RD BARRINGTON, RI 02806 USA
PRESIDENT	RICHARD WILLIAM RADEBACH	2077 EAST MAIN ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	SUSAN M SHEPARDSON	450 ROCK ST, UNIT 9 FALL RIVER, MA 02720 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CAROL E. SACCUCCI 1350 WEST MAIN ROAD MIDDLETOWN , RI 02842

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 15 Day of June, 2018 at 9:54:08 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By RICHARD W. RADEBACH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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