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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.

2018 J	SECR COR
JN 182 AH 11: 41	RECEIVED ETARY OF STATE ORATIONS DIV

1. Entity ID Number	2. Exact name of				
001068210	The Providence Village of Rhode Island				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Provide inclusi	ve, community-b	ased network of mutual support fo	or seniors.	
4. NAICS Code	1	•			
813410					
6. Principal Office Address	-		City	State	Zip
276 Angell Street			Providence	RI	02906
7. List ALL officers (names and add	fresses)		Che	ck the box to indicate	an attachment
President Name and Director: James Maxwell			Vice-President Name Suzanne Francis, President Elect & Director		
Street Address 35 Halsey Street			Street Address 157 Waterman Street		
City Providence	State RI	^{Zip} 02906	City Providence	State RI	Zip 02906
Secretary Name and Director: Anne W. Connor			Treasurer Name and Director: Gerhard Leib		
Street Address 140 Power Street			Street Address 1281 Hope Street		
City Providence	State RI	^{Zip} 02906	City Bristol	State RI	^{Zip} 02809
8. List ALL directors (names and ac	idresses). Ri Com	porations MUST tis	at least THREE directors.	ck the box to indicate	e an attachment
Director Name Patrick Mattingly, and Past President			Director Name Jane Adler		
Street Address 9 Church Street			Street Address 71 Faunce Drive		
City Providence	State RI	^{Zip} 02904	City Providence	State RI	^{Zip} 02906
Director Name Hamilton Allen			Director Name Lenore Bunting		
Street Address 112 Everett Avenue			Street Address 150 Fowler Avenue		
City Providence	State RI	^{Zip} 02906	City Pawtucket	State Ri	^{Zip} 02860
9. Registered Agent in Rhode Islan	d. This information i	s currently of record	in the Department of State. Changes req	uire filing Form 641.	
Under penalty of perjury, I declar statements, and that all statemen			this report, including any accomp correct.	anying schedule	s and
This report must be signed by either the Pres	ident, Vice-President, S	Secretary, Assistant Sec	cretary, Treesurer, duly Authorized Representet	ive, Receiver or Trustee).
Name of Officer/Authorized Repres		Date			
Anne W. Connor, Secretary				June 1 9 , 2018	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

JUN 18 2018 YL 337890

FORM 631 - Revised: 11/2017

The Providence Village of Rhode Island ID Number: 001068210

8. List ALL Directors (cont'd) - Attachment

Title	Individual Name First, Middle, Last, Suffix	Address
Director	Deborah Dunning	255 Promenade Street Providence, RI 02908
Director	Joseph K. Fisler	34 Luzon Avenue Providence, RI
Director	Territa Percelay	14 Bedford Road Pawtucket, RI 02860
Director	Bonnie Ryvicker	46 Alton Road Providence, RI 02906
Director	Peter Viner-Brown	42 Louise Luther Drive Cumberland, RI 02864
Director	H. Philip West	14 Unity Street Pawtucket, RI 02860
Director	Laura Young	14 Manor Drive Barrington, RI 02806