



**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.** 000106434

**2. Name of Corporation** The Rhode Island Alliance of Boys & Girls Clubs

**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: 115 WILLIAMS AVENUE  
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

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

No. and Street:  
City or Town: State: Zip: Country:

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

TO PROMOTE EXCLUSIVELY THE SOCIAL WELFARE OF BOYS AND GIRLS IN THE STATE OF RI.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	THOMAS SWEENEY	170 WESTMINSTER ST PROVIDENCE, RI 02905 USA
TREASURER	JOANN DWYER	1 CVS DR WOONSOCKET, RI 02895 USA
SECRETARY	GARY ALGER	519 MENDON RD CUMBERLAND, RI 02864 USA
DIRECTOR	BILL BRIGHT	5810 KINGSTOWNE CENTER DR ALEXANDRA , VA 22315 USA
DIRECTOR	CHASTITY MITCHELL	7619 HWY 70 S STE NASHVILLE, TN 37221 USA
DIRECTOR	MARY BOYCE-JOHNSON	4304 FOSTERDAKE LANE WINSTON SALEM, NC 27107 USA
DIRECTOR	JEFF POLUCHA	72 KENDRICK AVE WOONSOCKET, RI 02895 USA
DIRECTOR	JOSEPH FLEMING	15 FIELDSIDE DR CUMBERLAND, RI 02864 USA
DIRECTOR	RON HADORN	19 PIERCE AVE FITCHBURG, MA 01420 USA
DIRECTOR	M.V. PRASAD	1275 PEACHTREE DR ATLANTA, GA 30309 USA
DIRECTOR	AARON WURST	1 CVS DR WOONSOCKET, RI 02895 USA
DIRECTOR	JON DUFFY	10 CHARLES ST PROVIDENCE, RI 02904 USA
DIRECTOR	J.R. KENNY	1275 PEACHTREE S NE ATLANTA, GA 30309 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**

JOSEPH FLEMING 15 FIELDSIDE DR CUMBERLAND , RI 02864

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

**Signed this 29 Day of June, 2018 at 8:25:42 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 ERIN GILLIATT  
Signature of Authorized Person

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