



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.

1. Entity ID Number 000087317		2. Exact name of the Corporation PAWTUCKET SENIOR CITIZENS COUNCIL			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHARITABLE PURPOSES, ADVOCATING FOR THE WELFARE, SAFETY, AND HEALTHY AGING OF OLDER ADULTS.			
4. NAICS Code 624120 - Services for Elderly ar					
6. Principal Office Address 420 MAIN STREET			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BETH ROBERGE			Vice-President Name PAULA MCALOON		
Street Address 105 PARK STREET #B102			Street Address 39 RUTH STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02861
Secretary Name DAVONA FULLER			Treasurer Name MAUREEN GILMORE		
Street Address 70 TALLY STREET			Street Address 240 DIVISION STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EDNA COOPER			Director Name DIANA HASHWAY		
Street Address 1 WOODHAVEN ROAD			Street Address 14 ORCHARD STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02860
Director Name GARY SABOURIN			Director Name		
Street Address 105 PARK STREET #B 210			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<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 <i>Paula A. McAloon</i>					Date <i>6/28/2018</i>
Signature of Officer/Authorized Representative <i>Paula A. McAloon, Vice President</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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