

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

## Annual Report for the year: 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.

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Entity ID Number	2. Exact name of the Corporation				
000071579	East Bay Retired Senior Volunteer Program (RSVP)				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Providing a variety of opportunities for seniors aged 55 or older to participate in their				
4 NAICS CODE	community through volunteer service.				
6. Principal Office Address			City	State	Zip
610 Waterman Avenue			East Providence	RI	02914
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Sandra Sullivan			Vice-President Name Allison Broome		
Street Address 565 Forbes Street			Street Address 42 Dunbar Avenue		
City Riverside	State RI	<sup>Zip</sup> 02915	City Rumford	State R1	Zip 02916
Secretary Name Muniel Thompson			Treasurer Name Carmela Hazzard-Viera		
Street Address 3042 Pawtucket Avenue Apt #301			Street Address 4 Carousel Drive		
City Riverside	State RI	<sup>Žip</sup> 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Anna Howes			Director Name Patricia Thomas		
Street Address 243 Crescent Vie	w Avenue Apt	#D2013	Street Address 157 Wilmarth Avenue		
<sup>City</sup> Riverside	State RI	<sup>Zip</sup> 02915	City East Providence	State RI	<sup>Zp</sup> 02914
Olrector Name Paula Bradley			Director Name Susan Doyle		
Street Address 122 Viking Drive			Street Address 2936 Pawtucket Avenue Apt #105		
City Portsmouth	State RI	<sup>Zip</sup> 02871	City Riverside	Slate RI	<sup>Zip</sup> 02915
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 perfury, 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative  Sandra Sullivan  Date 6 23 201					
Sandra Sullivan				6126	1301 8
Signature of Officer/Authorized Representative					

MAIL TO:

Olvision of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov 5 10 ...

FORM 631 - Revised: 05/2017