



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

JUL 13 2018

BY 114 [Signature]

**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 140546		2. Exact name of the Corporation New England RSVP Council	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote regional and national identity and visibility of the Retired Senior Volunteer Program	
4. NAICS Code 813311			
6. Principal Office Address 79 Cottage Street - PO Box 774		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Lindsay Bennett-Jacobs		Vice-President Name Kathy Baird	
Street Address RSVP - Old Courthouse-99 Main St		Street Address RSVP - 64 Main Street	
City Northampton	State MA	City Keene	State NH
Zip 01060		Zip 03431	
Secretary Name Carol Rancourt		Treasurer Name Cherie Strucaly	
Street Address RSVP - 136 US Route 1		Street Address RSVP - One Long Wharf Drive	
City Scarborough	State ME	City New Haven	State CT
Zip 04074		Zip 06511	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Lindsay Bennett-Jacobs		Director Name Kathy Baird	
Street Address Same as above		Street Address Same as above	
City	State	City	State
Zip		Zip	
Director Name Carol Rancourt		Director Name Cherie Strucaly	
Street Address Same as above		Street Address Same as above	
City	State	City	State
Zip		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Lindsay Bennett-Jacobs, President			Date 7/11/18
Signature of Officer/Authorized Representative <u>[Signature]</u> <span style="float: right;">PLACE SIGNATURE HERE</span>			

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