



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

Annual Report for the year:
 Non-Profit Corporation

2018

- 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 000697751		2. Exact name of the Corporation Woonsocket Prevention Coalition Corporation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable offerings that encourage persons to lead a substance free life.			
4. NAICS Code 813219					
6. Principal Office Address 169 Main Street		City Woonsocket	State RI	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bridget Bennett			Vice-President Name Gina Savini		
Street Address 181 Cumberland Street			Street Address 42 Cherry Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Anthony Gabriele			Treasurer Name Ben Washington		
Street Address PO Box 1271			Street Address 520 Blackstone Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 Paul Shatraw			Director Name Gene Giguere		
Street Address 2 Cumberland Street			Street Address 60 N. Main Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Emily Lisker			Director Name Joyce Dolbec		
Street Address 139 Rathbun Street			Street Address Providence Pike		
City Woonsocket	State RI	Zip 02895	City N. Smithfield	State RI	Zip 02896
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.					
<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 Bridget Bennett				Date 6/30/2018	
Signature of Officer/Authorized Representative <i>Bridget Bennett</i>			SIGN DOCUMENT HERE		

FILED

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

JUL 23 2018
 BY 1917 OS FORM 631 - Revised: 11/2017