



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

Annual Report for the year: **2017**

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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STATE
SECRETARY OF
CORPORATIONS
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1. Entity ID Number 001678430		2. Exact name of the Corporation Providence DSA	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island THIS CORPORATION IS ORGANIZED TO PROMOTE SOCIAL WELFARE WITHIN THE MEANING OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE OF 1986, AS NOW ENACTED OR HEREFTER AMENDED (HEREINAFTER, "THE CODE").	
4. NAICS Code 813319 - Other Social Advocac			
6. Principal Office Address 210 Constitution Ct		City Johnston	State RI
		Zip 02919	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Thea Riofrancos		Vice-President Name Paul Rakotoarisoa	
Street Address 19 Forest St		Street Address 21 Grant St	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02909	
Secretary Name Dan Quayle		Treasurer Name Seeta Joseph	
Street Address 210 Constitution Ct		Street Address 322 Middle St	
City Johnston	State RI	City Pawtucket	State RI
Zip 02919		Zip 02860	
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 Rakotoarisoa		Director Name Cindy Quayle	
Street Address 21 Grant St		Street Address 210 Constitution Ct	
City Providence	State RI	City Johnston	State RI
Zip 02909		Zip 02919	
Director Name Alexandra Loehrer		Director Name	
Street Address 76 7TH ST		Street Address	
City EAST PROVIDENCE	State RI	City	State
Zip 02914		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.			
<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 Dan Pozzie		Date July 23, 2018	
Signature of Officer/Authorized Representative			

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

FILED
JUL 24 2018
BY