



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000028721

**2. Name of Corporation** The Providence Singers, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

711130

**4. Corporate Address in Rhode Island**

No. and Street: 667 WATERMAN AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PERFORMING CHORAL CONCERTS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	DAN HENDRIKSEN	11 OLD TANNERY ROAD PROVIDENCE, RI 02906 USA
SECRETARY	MARK NICKEL	101 GIDEON LAWTON LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	EDWIN SINGSEN	439 INDIAN AVE PORTSMOUTH, RI 02971 USA
DIRECTOR	OLIVIA VICENTE	35 BUNGAY ROAD NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	ALLISON MCMILLAN	101 GIDEON LAWTON LANE PORTSMOUTH, RI 02871 USA
ARTISTIC DIRECTOR	CHRISTINE NOEL	75 NORTH HILL ROAD HARRISVILLE, RI 02830 USA
EXECUTIVE DIRECTOR	MONICA MAYE	66 KENYON ROAD CRANSTON, RI 02901 USA
CHAIR	BETH ZARLENGO	82 LOCUST VALLEY ROAD EXETER, RI 02822-3201 USA
VICE CHAIR	WILL ARVANITES	110 FOREST STREET PROVIDENCE, RI 02906 USA
DIRECTOR	SUZANNE NASSISE	143 WASHINGTON STREET NORTH EASTON, MA 02356-1118 USA
DIRECTOR	CARRIE SCHEFF	12 VALLEY ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	CHERYL SHAW	9 MERRICK STREET RUMFORD, RI 02916 USA
DIRECTOR	OLIVIA VICENTE	35 BUNGAY ROAD NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	JAMES GAFFNEY	38 CHISWICK ROAD CRANSTON, RI 02905 USA
DIRECTOR	ELAINE CUNNINGHAM	15 BERNARD AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	TED DORAN	78 CHURCH LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	ALLISON FLINT LENZI	113 EDGEHILL ROAD NORWOOD, MA 02062 USA
DIRECTOR	LEIGH FURTADO	8 GRANT LANE CUMBERLAND, RI 02864 USA
DIRECTOR	MIKE GERHARDT	38 CHISWICK ROAD CRANSTON, RI 02905 USA
DIRECTOR	JOHN HORIGAN	4 LAKENHAM DRIVE CARVER, MA 02664 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MJ DALY 667 WATERMAN AVENUE EAST PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 27 Day of July, 2018 at 12:07:36 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MONICA MAYE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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