



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

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.

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SECRETARY OF STATE
CORPORATIONS DIVISION
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1. Entity ID Number 001341636		2. Exact name of the Corporation Community Provisions			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To empower underprivileged communities with equal opportunities.			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 555 BROAD STREET		City CENTRAL FALLS		State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEAN MARIE ROCHA			Vice-President Name LISA SCORPIO		
Street Address 14 OAKWOOD STREET			Street Address 582 PLAINFIELD STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City PROVIDENCE	State RI	Zip 02909
Secretary Name TERESA GUABA			Treasurer Name JASON ROCHA		
Street Address 1710 BROAD STREET			Street Address 229 SOUTH MAIN STREET		
City CRANSTON	State RI	Zip 02905	City ATTLEBORO	State MA	Zip 02703
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 ADRIANA DUQUE			Director Name ROXANNE DEBRITTO		
Street Address 229 SOUTH MAIN ST			Street Address 20 DELWAY ROAD		
City ATTLEBORO	State MA	Zip 02703	City EAST PROVIDENCE	State RI	Zip 02914
Director Name JENAVIEVE ROCHA			Director Name JEROME HARRIS		
Street Address 20 SCHOOL STREET			Street Address 16 NEVADA STREET		
City CUMBERLAND	State RI	Zip 02864	City RUMFORD	State RI	Zip 02906
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative LISA SCORPIO				Date 7/27/18	
Signature of Officer/Authorized Representative <i>Lisa Scorpione</i>				FILED	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY *335795* FORM 631 - Revised: 11/2017