



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

Annual Report for the year: **2018**

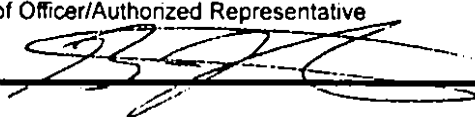

Non-Profit Corporation

→ 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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1. Entity ID Number <b>000100420</b>		2. Exact name of the Corporation <i>Parents, Families &amp; Friends of Lesbians and Gays, Greater Providence Chapter.</i>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE A SUPPORT SYSTEM FOR FAMILIES AND FRIENDS OF LESBIANS AND GAYS IN THEIR EFFORT TO UNDERSTAND, ACCEPT, AND SUPPORT THEIR CHILDREN WITH LOVE AND PRIDE.</b>	
4. NAICS Code <b>621410</b>			
6. Principal Office Address <b>PO BOX 41344</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02940</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>RONALD K. RICHARD</b>		Vice-President Name <b>MATTHEW S. SOARES</b>	
Street Address <b>15 HILLSIDE AVENUE</b>		Street Address <b>503 LAWTON STREET APT 2</b>	
City <b>COVENTRY</b>	State <b>RI</b>	City <b>FALL RIVER</b>	State <b>MA</b>
	Zip <b>02816</b>		Zip <b>02721</b>
Secretary Name <b>DIANNE ORDOG</b>		Treasurer Name <b>BRIANNA E. RUGGIERO</b>	
Street Address <b>35 COLTS WAY</b>		Street Address <b>35 ANN DRIVE</b>	
City <b>ATTLEBORO</b>	State <b>MA</b>	City <b>JOHNSTON</b>	State <b>RI</b>
	Zip <b>02703</b>		Zip <b>02919</b>
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 <b>DENISE C. MESSIER-REYNOLDS</b>		Director Name <b>DOREEN LEPAGE</b>	
Street Address <b>10 CREST VIEW ROAD</b>		Street Address <b>121D LAKE ERIE STREET</b>	
City <b>WEST GREENWICH</b>	State <b>RI</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>
	Zip <b>02817</b>		Zip <b>02842</b>
Director Name <b>MISTY SOLY</b>		Director Name	
Street Address <b>1435 IRON MINE HILL ROAD</b>		Street Address	
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	City	State
	Zip <b>02896</b>		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 <b>BRIANNA E. RUGGIERO</b>			Date <b>11/19/18</b>
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE <b>FILED</b> 			

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

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