



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

FILED

STAMP

Annual Report for the year: 2019
 Non-Profit Corporation

FEB 27 2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 3713 DS

1. Entity ID Number 28196		2. Exact name of the Corporation Manton Senior Citizens	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island offers support and a friendship base to seniors	
5. Principal Office Address 115 Pine Hill Ave		City Johnston	State R.I.
		Zip 02919	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lorette De Vito (Pres)		Vice-President Name Gracelyn Trivison	
Street Address 115 Pine Hill Ave		Street Address 1285 Hartford Ave	
City Johnston	State R.I.	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Rose Coppola		Treasurer Name JoAnn Krzyzek	
Street Address 30 Oaklawn Ave		Street Address 115 Pine Hill Ave	
City Cranston	State RI	City Johnston	State RI
Zip 02910		Zip 02919	
7. 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 JoAnn Krzyzek (Treasurer)		Director Name Rose Coppola (Secretary)	
Street Address 115 Pine Hill Ave		Street Address 30 Oaklawn Ave	
City Johnston	State R.I.	City Cranston	State RI
Zip 02919		Zip	
Director Name Irene Callichis (Recording Sec.)		Director Name	
Street Address 115 Pine Hill Ave		Street Address	
City	State	City	State
Zip		Zip	
8. 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 JoAnn E Krzyzek		Date 02-26-18	
Signature of Officer/Authorized Representative <i>JoAnn E Krzyzek</i>		SIGN DOCUMENT HERE	

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