



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

FILED
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Annual Report for the year: 2018
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 Loretta 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:
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 Website: www.sos.ri.gov