



**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:** 2019

**1. Corporate ID No.** 000031151

**2. Name of Corporation** SOUTHERN RHODE ISLAND VOLUNTEERS

**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   
813319

**4. Corporate Address in Rhode Island**

No. and Street: 100 PARK LANE, NINIGRET PARK  
P.O. BOX 1047

City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

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

No. and Street: 180 WATERWHEEL LANE

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: UNI

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

COORDINATION OF VOLUNTEER SERVICES AND PROGRAMS IN WASHINGTON COUNTY AND JAMESTOWN

**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**Incorporator is no longer applicable; please delete**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. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	EILEEN KELLY	8 MILTON LANE COVENTRY, RI 02816 USA
DIRECTOR	BARBARA KEEGAN	79 WINDWARD ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	LOUISE WEAVER	38 LEEWARD LANE WAKEFIELD, RI 02879 USA
DIRECTOR	ADAM COUTU	79 OLD NORTH ROAD COVENTRY, RI 02816 USA
DIRECTOR	ROBERT VESCOVI	180 WATERWHEEL LANE NORTH KINGSTOWN, RI 02852 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**

DEBRA TANNER 100 PARK LANE P.O. BOX 1047 CHARLESTOWN , RI 02813

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

**Signed this 9 Day of April, 2019 at 9:14:40 AM 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 DEBRA TANNER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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