



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. 000275394

2. Name of Corporation 201 THURBERS, INC.

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

6

624229

4. Corporate Address in Rhode Island

No. and Street: 439 PINE STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES ESPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS AND TO PROMOTE THEIR HEALTH, SECURITY, HAPPINESS AND USEFULNESS IN LONGER LIVING.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CARLA DESTEFANO	23 PINE AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	RICHARDSON OGIDAN	127 WARRINGTON STREET PROVIDENCE, RI 02907 USA
DIRECTOR	MARILYN DOLAN CARLSON	567 PROSPECT STREET SEEKONK, MA 02771 USA
DIRECTOR	PETER BORTOLOTTI	400 PINE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	ANDREW DELUSKI	43 NELSON STREET PROVIDENCE, RI 02908 USA
DIRECTOR	ROSETTA CLARK BROOKS	67 PROVIDENCE STREET PROVIDENCE, RI 02907 USA
DIRECTOR	NANCY WHIT	121 SHERWOOD ST PROVIDENCE, RI 02908 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**

CARLA DESTEFANO 439 PINE STREET PROVIDENCE , RI 02907

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

Signed this 28 Day of May, 2019 at 10:34:30 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 CARLA DESTEFANO
Signature of Authorized Person

Form No. 631
Revised 09/07