



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

Annual Report for the year: **2019**

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.

**FILED**

JUN 03 2019

BY 1650  
2019

1. Entity ID Number <b>794928</b>		2. Exact name of the Corporation <b>PROVIDER COUNCIL OF RHODE ISLAND</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>To advocate for all individuals &amp; their families who receive or desire to receive human services or funding &amp; agencies that provide human services to individuals from any governmental health or human services agency.</b>			
4. NAICS Code <b>624190 - Other Individual and F</b>					
6. Principal Office Address <b>C/O JEFFREY W. KASLE, ESQ., 530 GREENWICH AVE.</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</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>PETER QUATTROMANI</b>			Vice-President Name <b>GLORIA QUINN</b>		
Street Address <b>200 MAIN STREET</b>			Street Address <b>158 KNIGHT STREET</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 checked="" type="checkbox"/></span>					
Director Name <b>PETER QUATTROMANI</b>			Director Name <b>JOSEPH ONYEJOSE</b>		
Street Address <b>200 MAIN STREET</b>			Street Address <b>349 CENTERVILLE ROAD, SUITE 6</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Director Name <b>ANTHONY VELUCCI</b>			Director Name <b>CATHERINE MCGILLIVRAY</b>		
Street Address <b>93 AIRPORT ROAD</b>			Street Address <b>1060 PARK AVENUE</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
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>JEFFREY W. KASLE, ESQ.</b>				Date <b>MAY 29, 2019</b>	
Signature of Officer/Authorized Representative <span style="float: right;">SIGN DOCUMENT HERE</span>					

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

Provider Council of Rhode Island  
Entity ID No. 794928  
Attachment to 2019 Annual Report  
Page Three

Directors - continued:

Gloria Quinn  
158 Knight Street  
Warwick, Rhode Island 02886

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