



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

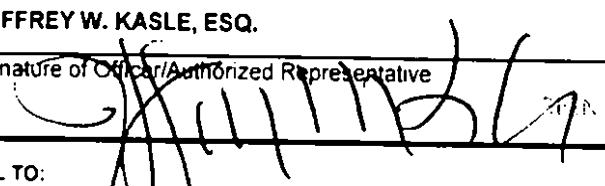
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 03 2019

BY 1650
2019

1. Entity ID Number 794928		2. Exact name of the Corporation PROVIDER COUNCIL OF RHODE ISLAND			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To advocate for all individuals & their families who receive or desire to receive human services or funding & agencies that provide human services to individuals from any governmental health or human services agency.			
4. NAICS Code 624190 - Other Individual and F					
6. Principal Office Address C/O JEFFREY W. KASLE, ESQ., 530 GREENWICH AVE.		City WARWICK		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name PETER QUATTROMANI			Vice-President Name GLORIA QUINN		
Street Address 200 MAIN STREET			Street Address 158 KNIGHT STREET		
City PAWTUCKET	State RI	Zip 02860	City WARWICK	State RI	Zip 02886
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name PETER QUATTROMANI			Director Name JOSEPH ONYEJOSE		
Street Address 200 MAIN STREET			Street Address 349 CENTERVILLE ROAD, SUITE 6		
City PAWTUCKET	State RI	Zip 02860	City WARWICK	State RI	Zip 02886
Director Name ANTHONY VELUCCI			Director Name CATHERINE MCGILLIVRAY		
Street Address 93 AIRPORT ROAD			Street Address 1060 PARK AVENUE		
City WESTERLY	State RI	Zip 02891	City CRANSTON	State RI	Zip 02920
9. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative JEFFREY W. KASLE, ESQ.				Date MAY 29, 2019	
Signature of Officer/Authorized Representative  ATTACH DOCUMENT HERE					

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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