State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 03 2019

BY 1650

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.

1. Entity ID Number	2. Exact name of the Corporation
794928	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	City	State	Zip
C/O JEFFREY W. KASLE, ESQ., 530 GREENWICH AVE.	WARWICK	RI	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	Date
JEFFREY W. KASLE, ESQ.	MAY 29, 2019

Signature of Officer/Authorized Representative: SIGN 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

FORM 631

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

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Directors - continued:

Gloria Quinn
158 Knight Street
Warwick, Rhode Island 02886