



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 06 2019

BY

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LOH

1. Entity ID Number 65116		2. Exact name of the Corporation Coventry Friends of Human Services, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Provision of Comprehensive Social Services to residents in Coventry, RI			
4. NAICS Code 624120 - Services for Elderly ;					
6. Principal Office Address 1372 Main Street		City Coventry		State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ernest Ruasack			Vice-President Name Lois Tallman		
Street Address 4 Manchester Circle Apt B			Street Address 114 Reservoir Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Jomarie Fabian			Treasurer Name NONE		
Street Address 40 Mohawk Street			Street Address NONE		
City Coventry	State RI	Zip 02816	City NONE	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Robillard			Director Name Lois Tallman		
Street Address 1372 Main Street			Street Address 114 Reservoir Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Ernest Rusack			Director Name		
Street Address 4 Manchester Circle			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Ernest Rusack				Date June 4, 2019 06-15	
Signature of Officer/Authorized Representative <i>Ernest Rusack</i>				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 - Revised: 03/2019