

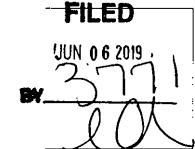
State of Rhode Island and Providence Plantations

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.



1. Entity ID Number	2. Exact name	2. Exact name of the Corporation				
65116	Coventry	Coventry Friends of Human Services				
3. State of Incorporation	•	Brief description of the character of business conducted in Rhode Island The Provision of Comprehensive Social Services to residents in Coventry, RI				
Rhode Island						
4. NAICS Code	٦	• •				
624120 - Services for Elderly	i					
6. Principal Office Address	. Principal Office Address			State	Žip	
1372 Main Street			Coventry	RI	02816	
7. List ALL officers (names and a	iddresses)			Check the box to indic	cate an attachment	
President Name Ernest Ruasack			Vice-President Name Lois	Vice-President Name Lois Tallman		
Street Address 4 Manchester Circle Apt B			Street Address 114 Reser	Street Address 114 Reservoir Road		
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Zip} 02816	
Secretary Name Jomarie Fabian			Treasurer Name NONE	Treasurer Name NONE		
Street Address 40 Mohawk Street			Street Address NONE	Street Address NONE		
City Coventry	State RI	Z _{ip} 02816	City NONE	State	Zip	
8. List ALL directors (names and	addresses). RI Co	orporations MUST	list at least THREE directors.	. Check the box to indic	cate an attachment	
Director Name Robert Robillard			Director Name Lois Tallman			
Street Address 1372 Main Street			Street Address 114 Rese	Street Address 114 Reservoir Road		
City Coventry	State RI	Z _{ID} 02816	City Coventry	State RI	^{Z_{ip}} 02816	
Director Name Ernest Rusack			Director Name	Director Name		
Street Address 4 Manchester Circle			Street Address	Street Address		
City Coventry	State RI	^{Zip} 02816	City	State	Zip	
9. Registered Agent in Rhode Isl	land. This informatic	on is currently of reco	ord in the Department of State. Cr	hanges require filing Form 6	41	
Under penalty of perjury, I dec statements, and that all staten			• • •	y accompanying sched	ules and	
This report must be signed by either the F	²resident, Vice-Presidei	nt. Secretary, Assistant (Secretary, Treasurer, duly Authonzed	Representative Receiver or Tru	stee	
Name of Officer/Authorized Representative				Date		
Ernest Rusack				June 4, 201	June 4, 2019 88115	
Signature of Officer/Authorized R	lepresentative	5.9N 0.11	DUMENT HERE			

Phone: (401) 222-3040 Website: www.sos.ri gov