



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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.

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CORPORATIONS DIV

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1. Entity ID Number <b>821348</b>		2. Exact name of the Corporation <b>NSCIA - Rhode Island Chapter</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide assistance to Spinal Cord Injuries</b>	
4. NAICS Code <b>813319</b>			
6. Principal Office Address <b>64 HAZARD Ave</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02906</b>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>DIANNE S. WITMAN</b>		Vice-President Name <b>LIBBY HEIMARK</b>	
Street Address <b>64 HAZARD Ave.</b>		Street Address <b>2174 Waverley St.</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PALO ALTO</b>	State <b>CA</b>
Zip <b>02906</b>		Zip <b>94301</b>	
Secretary Name <b>DAVID Goldstein</b>		Treasurer Name	
Street Address <b>195 PARKVIEW DR. #18</b>		Street Address	
City <b>PAWUCKET</b>	State <b>RI</b>	City	State
Zip <b>02861</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <b>SUSAN DEBLASIO</b>		Director Name <b>MARY LEE DIXON</b>	
Street Address <b>70 Intervale Rd.</b>		Street Address <b>180 WATERMAN AVE. # 214</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>North Prov.</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02911</b>	
Director Name <b>Leonard WITMAN</b>		Director Name	
Street Address <b>31 Conking Road</b>		Street Address	
City <b>HANDLERS</b>	State <b>NJ</b>	City	State
Zip <b>07932</b>		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.			
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 <b>5/22/19</b>
Signature of Officer/Authorized Representative <b>Dianne S Witman</b>			

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 07 2019  
BY **26 FQ4 A.A.**  
FORM 631 - Revised: 06/2017