



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

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.

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1. Entity ID Number 84370		2. Exact name of the Corporation RI Association of Family and Consumer Sciences			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Empowering members to act on continuing and emerging concerns.			
4. NAICS Code 813920 - Professional Org					
6. Principal Office Address PO Box 10456		City Cranston	State RI	Zip 02910	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia Kolanko			Vice-President Name Kathi Masi		
Street Address 600 Providence Pike			Street Address 71 Red Brook Lane		
City No Smithfield	State RI	Zip 02896	City West Warwick	State RI	Zip 02886
Secretary Name Fran DeGasparre			Treasurer Name Laurel Thayer		
Street Address 16 Floyd Avenue			Street Address 12 Columbia Road		
City Riverside	State RI	Zip 02915	City Middletown	State RI	Zip 02842
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 Marie Birch			Director Name Kathi Masi		
Street Address 35 Woodbine Street			Street Address 71 Red Brook Lane		
City Cranston	State RI	Zip 02910	City West Warwick	State RI	Zip 02886
Director Name Patricia Kolanko			Director Name Laurel Thayer		
Street Address 600 Providence Pike			Street Address 12 Columbia Road		
City No Smithfield	State RI	Zip 02896	City Middletown	State RI	Zip 02842
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Laurel Thayer				Date 6/10/2019	
Signature of Officer/Authorized Representative <i>Laurel Thayer</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov