



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

FILED

JUN 24 2019

02

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.

BY 544

1. Entity ID Number 000045222		2. Exact name of the Corporation Rhode Island Directors Association for Senior Citizens Programs, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To work in pursuit of program development, funding and implementation of senior services statewide.	
4. NAICS Code 813319			
6. Principal Office Address Westerly Senior Center 39 State Street		City Westerly	State RI
		Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Margaret Underwood		Vice-President Name Karen Armstrong	
Street Address 118 Chapmans Avenue		Street Address 117 Arnold Road	
City Warwick	State RI	City Lincoln	State RI
Zip 02886		Zip 02865	
Secretary Name Michelle Vekakis		Treasurer Name Donald L. Reynolds, Jr.	
Street Address 11 Tarpon Lane		Street Address 54 State Street	
City Charlestown	State RI	City Westerly	State RI
Zip 02813		Zip 02891	
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 Manny Murray		Director Name Mary Lou Apran	
Street Address 56 Fairview Avenue		Street Address 43 Bethany Lane	
City Coventry	State RI	City North Kingstown	State RI
Zip 02816		Zip 02852	
Director Name Lois Durkin		Director Name Anthony Zompa	
Street Address 2970 Mendon Road		Street Address 40 Beechout Drive	
City Cumberland	State RI	City Johnston	State RI
Zip 02864		Zip 02919	
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 Donald L. Reynolds, Jr., Treasurer			Date 06-14-2019
Signature of Officer/Authorized Representative <i>Donald L. Reynolds, Jr.</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov