



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

Annual Report for the year: 2019
Non-Profit Corporation

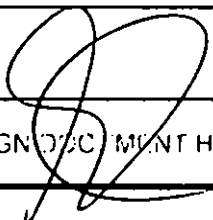
- Filing period: June 1 - June 30
 → Filing Fee: \$20.00
 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 28 2019

BY

564 DS

1. Entity ID Number 71705		2. Exact name of the Corporation JOHN F. SPELLMAN CENTER			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO DELIVER A BROAD RANGE OF INTEVENTIONS, TRAINING, ADVOCACY, REFERRAL AND SUPPORT SERVICES			
4. NAICS Code 813920					
6. Principal Office Address 29 BULLOCKS POINT AVENUE, UNIT 1B			City RIVERSIDE	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EARNEST OKWARA			Vice-President Name BONNIE ABOLS		
Street Address 29 BULLOCKS POINT AVENUE, 1B			Street Address 121 JOHN STREET		
City RIVERSIDE	State RI	Zip 02915	City WARWICK	State RI	Zip 02889
Secretary Name MARIA OKWARA			Treasurer Name NANCY VINACCO		
Street Address 142 EWVALANE DRIVE			Street Address 12 EVA STREET		
City SPARTANBURG	State SC	Zip 29302	City PROVIDENCE	State RI	Zip 02908
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 EARNEST OKWARA			Director Name MARY LOMASTRO		
Street Address 29 BULLOCKS POINT AVENUE, 1B			Street Address 1218 MAIN STREET, #B		
City RIVERSIDE	State RI	Zip 02915	City COVENTRY	State RI	Zip 02816
Director Name NANCY VINACCO			Director Name		
Street Address 12 EVA STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	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.					
<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 EARNEST I. OKWARA				Date JUNE 25, 2019	
Signature of Officer/Authorized Representative 				SIGN OFF COMMENT HERE	