



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

FILED

JUL 01 2019

BY

1365 DS

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.

1. Entity ID Number 36626		2. Exact name of the Corporation SHELTER SERVICES, INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island OWNS + OPERATES TANNER HOUSE, TRANSITIONAL HOME FOR SINGLE ADULT WOMEN AND MEN; PROVIDES SOCIAL AND SUPPORTIVE SERVICES THEREIN.	
4. NAICS Code 624310			
6. Principal Office Address 32 TANNER STREET		City PROVIDENCE	State RI Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CATHERINE CHANNELL		Vice-President Name NA	
Street Address 79 DUNCAN ROAD		Street Address	
City WARWICK	State RI	Zip 02886	
Secretary Name MARtha AMES		Treasurer Name ELAINE BROUSSEAU-SAWTELLE	
Street Address 35 BOYLESTON AVENUE		Street Address 57 CATHEDRAL AVENUE	
City PROVIDENCE	State RI	Zip 02906	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 CATHERINE CHANNELL		Director Name ELAINE BROUSSEAU-SAWTELLE	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State	Zip	
Director Name MARtha AMES		Director Name BRUCE HICKOX	
Street Address SAME AS ABOVE		Street Address 331 THRASHER STREET	
City	State	Zip	City TAUNTON State MA Zip 02780
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 CATHERINE CHANNELL			Date JUNE 27, 2019
Signature of Officer/Authorized Representative Catherine Channell			SIGN DOCUMENT HERE

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

FORM 631 - Revised: 03/2019