



Department of State - Business Services Division

FILED

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Annual Report for the year:
 Non-Profit Corporation

2019

- 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 87317		2. Exact name of the Corporation Pawtucket Senior Citizens Council			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHARITABLE PURPOSES, ADVOCATING FOR THE WELFARE, SAFETY HEALTH OF OLDER ADULTS			
4. NAICS Code <i>624120</i>					
6. Principal Office Address 420 MAIN STREET			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BETH ROBERGE			Vice-President Name PAULA MCALOON		
Street Address 105 PARK STREET #B102			Street Address 39 RUTH STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name HELGA MASTERSON			Treasurer Name DAVONA FULLER		
Street Address 95 GREELY STREET			Street Address 70 TALLY STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
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 GARY SBOURIN			Director Name DIANA HASHWAY		
Street Address 105 PARK STREET B210			Street Address 14 ORCHARD STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name EDNA COOPER			Director Name		
Street Address 1 WOOD HAVEN ROAD			Street Address		
City PAWTUCKET	State RI	Zip 02861	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 <i>Beth Roberge</i>				Date 7/3/19	
Signature of Officer/Authorized Representative <i>Beth Roberge</i>				SIGN DOCUMENT HERE	

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