



FILED
JUL 11 2019
 BY 1953 OS

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.

| | | | | | |
|--|-------------|--|--|-------------|--------------------|
| 1. Entity ID Number 32058 | | 2. Exact name of the Corporation Retired Senior Volunteer Association Inc | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Sponsors & Operates Programs & Services to benefit the Elderly & Disadvantaged, especially with the help of Older Volunteers. | | | |
| 4. NAICS Code 624120 | | | | | |
| 6. Principal Office Address 79 Cottage St - PO Box 774 | | | City Woonsocket | State RI | Zip 02895 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Charles B. Ryan | | | Vice-President Name Marian Krawczyk | | |
| Street Address 79 Cottage St | | | Street Address 52 Weeks Street | | |
| City Woonsocket | State RI | Zip 02895 | City North Smithfield | State RI | Zip 02896 |
| Secretary Name Ben Washington | | | Treasurer Name Leno Brunetti | | |
| Street Address 582 Blackstone Street | | | Street Address 153 Marshall Road | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| 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 Charles B. Ryan | | | Director Name Marian Krawczyk | | |
| Street Address Same as above | | | Street Address Same as above | | |
| City | State | Zip | City | State | Zip |
| Director Name Ben Washington | | | Director Name Leno Brunetti | | |
| Street Address Same as above | | | Street Address Same as above | | |
| City | State | Zip | 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 Charles B. Ryan, President | | | | | Date 07/09/2019 |
| Signature of Officer/Authorized Representative  | | | | | 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