



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2019 AUG 27 A 10:44

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 000144395		2. Exact name of the Corporation The Adoption Homestudy Service Agency	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Pre-Adoption & Post Adoption Services; Provide Adoption Homestudy Reports & Adoption Homestudy Updates; Provide Post Adoption Reports & Home Assessments	
4. NAICS Code 999999			
6. Principal Office Address 21 Carlton Ave		City East Providence	State RI
		Zip 02914	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Iona P. Rose		Vice-President Name Mary Archibald	
Street Address 20 Agawam Court		Street Address 5 Hickory Rd	
City Seekonk,	State MA	City North Providence	State RI
Zip 02771		Zip 02904	
Secretary Name Joyce O'Connor		Treasurer Name Suzie Pickens	
Street Address 105 Gallup Street		Street Address 58 Codman Hill Road	
City Providence	State RI	City Dorchester	State MA
Zip 02905		Zip 02119	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Iona P. Rose		Director Name Mary Archibald	
Street Address 20 Agawam Court		Street Address 5 Hickory Road	
City Seekonk	State MA	City North Providence	State RI
Zip 02771		Zip 02904	
Director Name Suzie Pickens		Director Name	
Street Address 58 Codman Hill Rd		Street Address	
City Dorchester	State MA	City	State
Zip 02119		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.			
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 Iona P. Rose		Date 8-27-2019	
Signature of Officer/Authorized Representative Iona P. Rose		SIGN DOCUMENT HERE	

FILED
AUG 27 2019
BY **DH3V2**
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