



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 <b>000144395</b>		2. Exact name of the Corporation <b>The Adoption Homestudy Service Agency</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Pre-Adoption &amp; Post Adoption Services; Provide Adoption Homestudy Reports &amp; Adoption Homestudy Updates; Provide Post Adoption Reports &amp; Home Assessments</b>	
4. NAICS Code <b>999999</b>			
6. Principal Office Address <b>21 Carlton Ave</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02914</b>	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <b>Iona P. Rose</b>		Vice-President Name <b>Mary Archibald</b>	
Street Address <b>20 Agawam Court</b>		Street Address <b>5 Hickory Rd</b>	
City <b>Seekonk,</b>	State <b>MA</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02771</b>		Zip <b>02904</b>	
Secretary Name <b>Joyce O'Connor</b>		Treasurer Name <b>Suzie Pickens</b>	
Street Address <b>105 Gallup Street</b>		Street Address <b>58 Codman Hill Road</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Dorchester</b>	State <b>MA</b>
Zip <b>02905</b>		Zip <b>02119</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <b>Iona P. Rose</b>		Director Name <b>Mary Archibald</b>	
Street Address <b>20 Agawam Court</b>		Street Address <b>5 Hickory Road</b>	
City <b>Seekonk</b>	State <b>MA</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02771</b>		Zip <b>02904</b>	
Director Name <b>Suzie Pickens</b>		Director Name	
Street Address <b>58 Codman Hill Rd</b>		Street Address	
City <b>Dorchester</b>	State <b>MA</b>	City	State
Zip <b>02119</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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 <b>Iona P. Rose</b>		Date <b>8-27-2019</b>	
Signature of Officer/Authorized Representative <b>Iona P. Rose</b>		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

FILED  
AUG 27 2019  
BY **DH3V2**  
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