



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

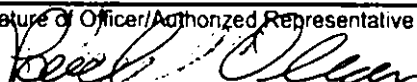
Annual Report for the year: **2019**

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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 DEC 12 AM 11:26

1. Entity ID Number 1674100		2. Exact name of the Corporation Venture Mentoring Service of Rhode Island	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island VMS of RI is a non-profit organization that provide free mentoring services to entrepreneurs in Rhode Island	
4. NAICS Code 813990 - Other Similar Orga			
6. Principal Office Address 39 Rock Ridge Road		City Westerly	State RI
		Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Paul Olean		Vice-President Name None	
Street Address 39 Rock Ridge Road		Street Address	
City Westerly	State RI	City	State
Zip 02891		Zip	
Secretary Name Michael Katz		Treasurer Name None	
Street Address 75 Lower College Rd		Street Address	
City Kingston	State RI	City	State
Zip 02881		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Joseph Loberti		Director Name Tuni Schartner	
Street Address 73 Wilbur Hazard Road		Street Address 650 Ten Rod Road	
City Saunderstown	State RI	City North Kingston	State RI
Zip 02874		Zip 02852	
Director Name Elena Gaudette		Director Name Daniel Horne	
Street Address 240 Soares Drive		Street Address 45 Appian Way	
City Portsmouth	State RI	City Barrington	State RI
Zip 02871		Zip 02806	
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 Paul Olean			Date 12/10/2019
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

FILED

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BY CH MOC5H
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FORM 631 - Revised: 06/2019

Attachment – Venture Mentoring Service of RI Annual Report

Entity ID Number 1674100

Director: Patrice Milos, 140 Shaw Avenue, Cranston, RI 02905