



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

Annual Report for the year: **2019**

Non-Profit Corporation

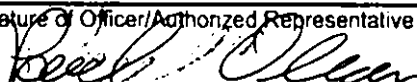
→ Filing period: June 1 - June 30

→ 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	Zip 02891	City	State	Zip
Secretary Name Michael Katz			Treasurer Name None		
Street Address 75 Lower College Rd			Street Address		
City Kingston	State RI	Zip 02881	City	State	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	Zip 02874	City North Kingston	State RI	Zip 02852
Director Name Elena Gaudette			Director Name Daniel Horne		
Street Address 240 Soares Drive			Street Address 45 Appian Way		
City Portsmouth	State RI	Zip 02871	City Barrington	State RI	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