RI SOS Filing Number: 201929928040





State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

Annual Report for the year:

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED	
DEC 1 3 2019	STAMP

1. Entity ID Number	2. Exact name of the Corporation					
000100420	PARENTS, FAMILIES & FRIENDS OF LESBIANS AND GAYS, GREATER PRINDENG					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island  CHAPTER					
RHODE ISLAND	TO PROVIDE A SUPPORT SYSTEM FOR FAMILIES AND FRIENDS OF LESBIANS AND					
4. NAICS Code	GAYS IN THEIR EFFORT TO UNDERSTAND, ACCEPT, AND SUPPORT THEIR CHILDREN WITH LOVE AND PRIDE.					
6. Principal Office Address			City	State	Zip	
PO BOX 41344		PROVIDENCE	RI	02940		
7. List ALL officers (names and add			<del>-</del>	eck the box to indica	ite an attachment	
President Name RONALD K. RICHARD			Vice-President Name			
Street Address 15 HILLSIDE AVENUE			Street Address			
City COVENTRY	State RI	<sup>Zip</sup> 02816	City	State	Zip	
Secretary Name DIANNE ORDOG	G Treasurer Name BRIANNA RU			GGIERO		
Street Address 35 COLTS WAY		Street Address 116 CENTRAL AVENUE				
City ATTLEBORO	State MA	<sup>Zip</sup> 02703	City JOHNSTON	State RI	<sup>Zip</sup> 02919	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name DENISE C. MESSIER-REYNOLDS			Director Name DORREN LEPAGE			
Street Address 10 CREST VIEW ROAD		Street Address 121D LAKE ERIE STREET				
City WEST GREENWICH	State RI	<sup>Zip</sup> 02817	City MIDDLETOWN	State RI	Zip <b>02842</b>	
Director Name MISTY SOLY			Director Name JOE ORDOG			
Street Address 1435 IRON MINE HILL ROAD		Street Address 35 COLTS WAY				
City NORTH SMITHFIELD	State RI	<sup>Zip</sup> 02896	City ATTELBORO	State MA	<sup>Zip</sup> 02703	
			I in the Department of State. Changes re			
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 BRIANNA RUGGIERO			Date 12/9/2019			
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE						

Phone: (401) 222-3040 Website: www.sos.ri.gov TARA ADAMS
725 PINE STREET
SEEKONK, MA 02771

GINA KELLEHER 17 6<sup>TH</sup> STREET BARRINGTON, RI 02806

FILED 2018 (S)