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

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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.

1. Entity ID Number	2. Exact name of the Corporation
000123214	WASHINGTON COUNTY REGIONAL PLANNING COUNCIL
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: TO PROMOTE THE GENERAL WELFARE AND COMMON GOOD OF THE CITIZENS OF WASHINGTON COUNTY BY MAXIMIZING THE EFFECTIVENESS OF LOCAL MUNICIPALITIES IN ADDRESSING LAND USE, WATER QUALITY ,ECONOMIC DEVELOPMENT, HOUSING AND TRANSPORTATION ISSUES.
4. NAICS Code: 813319 - Other Social Advoc	

6. Principal Office Address	City	State	Zip
344 MAIN ST, SUITE 200	WAKEFIELD	RI	02879

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ABEL COLLINS			Vice-President Name:		
Street Address: 180 HIGH STREET			Street Address:		
City: WAKEFIELD	State: RI	Zip: 02879	City:	State:	Zip:
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	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 ☐

Director Name: KAREN A. CIOFFI			Director Name: SUSAN CICILLINE-BUONANNAO		
Street Address: 85 HIGH STREET			Street Address: 25 FIFTH AVE		
City: WESTERLY	State: RI	Zip: 02892	City: NARRAGANSETT	State: RI	Zip: 02882
Director Name: CALVIN ELLIS			Director Name: RICHARD WELSH		
Street Address: 515 TEN ROD ROAD			Street Address: 80 BOSTON NECK ROAD		
City: EXETER	State: RI	Zip: 02822	City: NORTH KINGSTOWN	State: RI	Zip: 02852

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	Date
JEFFREY A. BROADHEAD	2/7/2020

Signature of Officer/Authorized Representative: Jeffrey A. Broadhead SIGN DOCUMENT HERE

FILED
FEB 10 2020
BY DC1631
9:01

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2017