



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 566261		2. Exact name of the Corporation FRIENDS OF THE JOHNSTON SENIOR CITIZENS' CENTER INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island FUND RAISING FOR THE JOHNSTON SENIOR CENTER (813110)			
5. Principal office address 1291 HARTFORD AVE.		City JOHNSTON	State R.I.	Zip 02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name ANTHONY T. ZOMPA		Vice-President Name ELLEN TREMENTOZZI			
Street Address 40 BEECHNUT DR.		Street Address 10 Cheryl Drive			
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI.	Zip 02919
Secretary Name CHRISTINE GIORGI		Treasurer Name ANTHONY T. ZOMPA			
Street Address 1015 SEVEN MILE ROAD		Street Address 40 BEECHNUT DR.			
City CRANSTON	State R.I.	Zip 02831	City JOHNSTON	State R.I.	Zip 02919
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name CAROLE FALLON		Director Name CHRISTINE GIORGI			
Street Address 9 WADE DR.		Street Address 1015 SEVEN MILE ROAD			
City SMITHFIELD	State R.I.	Zip 02828	City CRANSTON	State R.I.	Zip 02831
Director Name ANTHONY T. ZOMPA		Director Name ELLEN TREMENTOZZI			
Street Address 40 BEECHNUT DR.		Street Address 10 Cheryl Drive			
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Anthony T. Zompa 6/1/20
Signature of Officer or Authorized Representative Date

Anthony T. Zompa

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

FILED
JUN 10 2020

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