



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000045192

**2. Name of Corporation** AIDS CARE OCEAN STATE, INC.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 18 PARKIS AVENUE  
City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDING HOUSING, CASE MANAGEMENT, MEDICAL/NURSING CARE AND PREVENTION TO ADULTS, FAMILIES ADOLESCENTS, AND CHILDREN WHO ARE AFFECTED BY HIV AIDS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	REUBEN KLOPPERS	166 VALLEY ST. APT 6M205 PROVIDENCE, RI 02909 USA
SECRETARY	DAVID ROBERT	360 SHAWOMET AVENUE WARWICK, RI 02889 USA
VICE PRESIDENT	MARC GAUTHIER	25 MOHAWK TRAIL CRANSTON, RI 02921 USA
DIRECTOR	RAYMOND MALM REV.	ST. JOSEPHS CHURCH 5 MANN AVENUE NEWPORT, RI 02840 USA
PRESIDENT	B. JOSEPH REDDISH	23 COREY TRAIL ROAD WYOMING, RI 02898 USA
DIRECTOR	DIANE SIEDLECKI MD	140 WILSON AVENUE WARWICK, RI 02889 USA
DIRECTOR	LAMEL MOORE	135 OLD MAIN STREET MANVILLE, RI 02838 USA
DIRECTOR	RICHARD RAMSEY	458 WAYLAND AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	JOSEPH REUSCH	52 ROBINS WAY WARWICK, RI 02879 USA
DIRECTOR	JAY JOYNES	35 KENYON ST APT 5 PROVIDENCE, RI 02903 USA
DIRECTOR	SIENA NAPOLEAON	11 FOURTH ST. PROVIDENCE, RI 02906 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

GINA MERCURE 18 PARKIS AVENUE PROVIDENCE , RI 02907

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

*Signed this 22 Day of June, 2020 at 10:13:28 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By B JOSEPH REDDISH III  
Signature of Authorized Person

Form No. 631  
Revised 09/07

