RI SOS Filing Number: 202044065560 State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

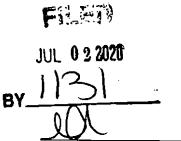
Date: 7/2/2020 4:00:00 PM

Annual Report for the year: 2020 **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.



					<u> </u>
1. Entity ID Number 000087317	2. Exact name of the Corporation PAWTUCKET SENIOR CITIZENS COUNCIL				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	CHARITABLE PURPOSES, ADVOCATING FOR THE WELFARE, SAFETY, AND HEALTHY				
4. NAICS Code	AGING OF OLDER ADULTS.				
624120 - Services for Eld€▼					
6. Principal Office Address			City	State	Zip
420 MAIN STREET			PAWTUCKET	RI	02860
7. List ALL officers (names and ad-	dresses)			Check the box to indicat	e an attachment
President Name BETH ROBERGE			Vice-President Name PAULA MCALOON		
Street Address 105 PARK STREET #B102			Street Address 39 RUTH STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	^{Zip} 02861
Secretary Name HELGA MASTERSON			Treasurer Name DAVONA FULLER		
Street Address 95 GREELEY STREET			Street Address 70 TALLY STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI 0286	^{Zip} 02861
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name EDNA COOPER			Director Name DIANA HASHWAY		
Street Address 1 WOODHAVEN ROAD			Street Address 14 ORCHARD STREET		
City PAWTUCKET	State RI	^{Zip} 02861	City PAWTUCKET	State RI	^{Zip} 02860
Director Name GARY SABOURIN			Director Name		
Street Address 105 PARK STREET #B210			Street Address		
City PAWTUCKET	State RI	^{Zip} 02860	City	State	Zıp
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, Treesurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Repres		Date / 2 9	12020		
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.n.gov