



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
146 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \*

\* 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.

1. Corporate ID No. 124587		2. Name of Corporation Greater Providence Area NA			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 22 Westcott Ave		City Providence	Zip 02909
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island DEVELOP, COORDINATE AND MAINTAIN SERVICES ON BEHALF OF NARCOTICS ANONYMOUS IN THE GREATER PROVIDENCE AREA OF RHODE ISLAND.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin Varella			Vice President Name Michael C Gianfranco		
Street Address 16 Anchor St			Street Address 101 Longwood Ave		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
Secretary Name None			Treasurer Name Sheelah Maioli		
Street Address None			Street Address 22 Westcott Ave		
City None	State None	Zip None	City Providence	State RI	Zip 02909
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Kevin Varella			Director Name MICHAEL GIANFRANCO		
Street Address 16 Anchor St			Street Address 101 Longwood Ave		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02908
Director Name Sheelah Maioli			Director Name NONE		
Street Address 22 Westcott Ave			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641. R.I.G.L. 7-6-13 / 7-6-78					
Agent Name SHEELAH MAIOLI			Address		
Address ONE CHESTNUT, #405			City PROVIDENCE	Zip 02909	

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



124587

File Date **FILED**  
Check No. **JUL 28 2006**  
By: **AKK**

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.

**Sheelah Maioli** 6/24/06  
Signature of Officer  
**Sheelah Maioli**  
Print or Type Name of Officer  
**Treasurer**  
Title of Officer



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. <u>124587</u>		2. Name of Corporation <u>Greater Providence Area NA</u>	
3. State of Incorporation <u>R.I.</u>		4. Corporate address in Rhode Island - Street Address <u>ONE CHESTNUT ST #405</u>	
City <u>Providence</u>		Zip <u>02903</u>	
Foreign corporation. Enter principal office address		City	State
			Zip

Brief Description of the character of the affairs which are actually conducted in Rhode Island

Provides support to Narcotics anonymous meeting in R.I.

**5. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Resident Name <u>Kevin Varella Sr.</u>			Vice President Name <u>Michael C. Gianfrocco</u>		
Street Address <u>16 Anchor St</u>			Street Address <u>101 Longwood Ave</u>		
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02908</u>	City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02908</u>
Secretary Name <u>Curtis Jackson Jr</u>			Treasurer Name <u>Sheelah Maioli</u>		
Street Address <u>17 Lancashire St</u>			Street Address <u>one chestnut st #405</u>		
City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02908</u>	City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02903</u>

**6. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

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

Director Name <u>Kevin Varella Sr.</u>			Director Name <u>Michael C. Gianfrocco</u>		
Street Address <u>16 Anchor St</u>			Street Address <u>101 Longwood Ave.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Prov.</u>	State <u>RI</u>	Zip <u>02908</u>
Director Name <u>Sheelah Maioli</u>			Director Name		
Street Address <u>1 Chestnut St #02903</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City	State	Zip

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-18**

Agent Name <u>Sheelah Maioli</u>		Address	
Address <u>1 Chestnut St #405</u>		City <u>Providence RI</u>	Zip <u>02903</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Kevin Varella Sr. 9-27-05  
Signature of Officer Date

Kevin Varella Sr.  
Print or Type Name of Officer

President  
Title of Officer

**FILED**

File Date OCT 25 2005

Check No. By M80858

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
OCT 25 AM 11:50

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
OCT 28 AM 11:13

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 124587	2. Name of Corporation Greater Providence area NA
3. State of Incorporation R.I.	4. Corporate address in Rhode Island - Street Address one Chestnut ST # 405
City Providence	Zip 02903
Foreign corporation. Enter principal office address	City State Zip

Brief Description of the character of the affairs which are actually conducted in Rhode Island  
Provides support to narcotics anonymous meeting in R.I.

5. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kevin Varella Sr.	Vice President Name Michael C Gianfranco
Street Address 16 Anchor ST	Street Address 101 Longwood ave
City Providence	City Providence
State R.I.	State R.I.
Zip 02908	Zip 02908

Secretary Name Curtis Jackson Jr.	Treasurer Name Sheelah Maioli
Street Address 17 Lancashire ST	Street Address One Chestnut ST
City Providence	City Providence
State R.I.	State R.I.
Zip 02908	Zip 02903

6. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

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

Director Name Kevin Varella Sr	Director Name Sheelah Maioli
Street Address 16 Anchor ST	Street Address 1 Chestnut St # 405
City Providence	City Providence
State RI	State RI
Zip 02908	Zip 02903

Director Name Sheelah Maioli	Director Name
Street Address 1 Chestnut ST	Street Address
City Providence	City
State RI	State
Zip 02903	Zip

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name Alexander Brown III	Address
Address 10 Highland ST	City Woonsocket
City	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: OCT 25 2005

Check No.: By M80858

By: GWB

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.

Kevin Varella Sr. 9-27-05

Signature of Officer Date

Kevin Varella Sr.

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401 222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 124587 2. Name of Corporation GREATER PROVIDENCE AREA NA  
3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 10 HIGHLAND st City WOONSOCKET Zip 02895  
5. Foreign corporation: Enter principal office address City State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  
Develop, coordinate & maintain services on behalf of Narcotics Anonymous

7. NAMES AND ADDRESSES OF THE OFFICERS ( BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name ALEXANDER BROWN III Vice President Name \_\_\_\_\_  
Street Address 10 HIGHLAND st Street Address \_\_\_\_\_  
City WOONSOCKET State RI Zip 02895 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FEB 23 11 02 AM '04

8. NAMES AND ADDRESSES OF THE DIRECTORS ( BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

<input checked="" type="checkbox"/> Director Name <u>Michael La Roche</u>	Director Name <u>ALEXANDER BROWN III</u>
<input checked="" type="checkbox"/> Street Address <u>188 S. Clendon ST.</u>	Street Address <u>10 HIGHLAND st</u>
<input checked="" type="checkbox"/> City <u>Cranston</u> State <u>R.I.</u> Zip <u>02915</u>	City <u>WOONSOCKET</u> State <u>R.I.</u> Zip <u>02895</u>
<input checked="" type="checkbox"/> Director Name <u>James T Walsh</u>	Director Name _____
<input checked="" type="checkbox"/> Street Address <u>96 Pond st #2</u>	Street Address _____
<input checked="" type="checkbox"/> City <u>Pawtucket</u> State <u>RI</u> Zip <u>02860</u>	City _____ State _____ Zip _____

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-18

Agent Name ALEXANDER BROWN III Address \_\_\_\_\_  
City WOONSOCKET, RI Zip 02865

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**  
File Date FEB 23 2004  
Check No. \_\_\_\_\_  
By: [Signature]  
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.  
[Signature] 12-27-03  
Signature of Officer Date  
ALEXANDER BROWN III  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer