



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2020

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R.I. DEPT. OF STATE
BUS SVCS DIV

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- 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 1341636		2. Exact name of the Corporation Community Provisions (Com Pro)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To assist/empower communities in need through education in wellness promotion and wealth building			
4. NAICS Code 813930					
6. Principal Office Address 535 Broad St			City Central Falls	State RI	Zip 02863
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jean Marie Rocha			Vice-President Name		
Street Address 16 Oakwood St			Street Address		
City East Prov	State RI	Zip 02914	City	State	Zip
Secretary Name Heather Craig			Treasurer Name Roxanne DeBrito		
Street Address 55 Wainwright St			Street Address 20 Delway Rd		
City N Providence	State RI	Zip 02908	City East Prov	State RI	Zip 02914
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Jean Marie Rocha			Director Name Roxanne DeBrito		
Street Address 16 Oakwood St			Street Address 20 Delway Rd		
City E Prov	State RI	Zip 02914	City E Prov	State RI	Zip 02914
Director Name Heather Craig			Director Name		
Street Address 55 Wainwright St			Street Address		
City N Prov	State RI	Zip 02908	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Jean Marie Rocha					Date 12-21-2020
Signature of Officer/Authorized Representative					

FILED

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

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BY CA 114959
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FORM 631 - Revised: 08/2020