



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2020

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS SVCS DIV

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1. Entity ID Number 36626		2. Exact name of the Corporation Shelter Services, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Owns and operates Tanner House, transitional home for single adult women and men; provides social and supportive services therein.			
4. NAICS Code					
6. Principal Office Address 22 Tanner Street			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Catherine Channell			Vice-President Name N/A		
Street Address 79 Duncan Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Elaine Brousseau Sawtelle			Treasurer Name Elaine Brousseau Sawtelle		
Street Address 57 Cathedral Avenue			Street Address 57 Cathedral Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Catherine Channell			Director Name Elaine Brousseau Sawtelle		
Street Address (same as above)			Street Address (same as above)		
City	State	Zip	City	State	Zip
Director Name Linda Meyer			Director Name Bruce Hickox		
Street Address 38 Gention Avenue			Street Address 331 Thrasher Street		
City Providence	State RI	Zip 02908	City Taunton	State MA	Zip 02780
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 Catherine Channell				Date Feb. 25, 2021	
Signature of Officer/Authorized Representative <i>Catherine Channell</i>					

FILED *m*

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BY *CU FK/5P*
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