State of Rhode Island

Department of State - Business Services Division

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.

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BUS SVCS DIV
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1. Entity ID Number	2. Exact name of the Corporation
36626	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	City	State	Zip
32 Tanner Street	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Catherine Channell	79 Duncan Road	Warwick	RI	02886

Vice-President Name	Street Address	City	State	Zip
N/A				

Secretary Name	Street Address	City	State	Zip
Elaine Brousseau Sawtelle	57 Cathedral Avenue	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Elaine Brousseau Sawtelle	57 Cathedral Avenue	Providence	RI	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	Street Address	City	State	Zip
Catherine Channell	(same as above)			

Director Name	Street Address	City	State	Zip
Elaine Brousseau Sawtelle	(same as above)			

Director Name	Street Address	City	State	Zip
Linda Meyer	38 Gentian Avenue	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Bruce Hickox	331 Thrasher Street	Taunton	MA	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	Date
Catherine Channell	Feb. 25, 2021

Signature of Officer/Authorized Representative: Catherine Channell

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BY CM. FKY 5P

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MAIL TO:
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