



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000031151

2. Name of Corporation SOUTHERN RHODE ISLAND VOLUNTEERS

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 100 PARK LANE, NINIGRET PARK
P.O. BOX 1047

City or Town: CHARLESTOWN

State: RI Zip: 02813 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

COORDINATION OF VOLUNTEER SERVICES AND PROGRAMS IN WASHINGTON
COUNTY AND JAMESTOWN

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island

Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ALESIA SADOSKY	19 SANDY LANE WESTERLY, RI 02891 USA
DIRECTOR	EILEEN KELLY	8 MILTON LANE COVENTRY, RI 02816 USA
DIRECTOR	KEVIN SULLIVAN	179 MULBERRY DRIVE SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	LOUISE WEAVER	38 LEEWARD LANE SOUTH KINGSTOWN, RI 02870 USA

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

DEBRA TANNER 100 PARK LANE P.O. BOX 1047 CHARLESTOWN , RI 02813

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of June, 2021 at 11:35:37 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DEBRA TANNER
Signature of Authorized Person

Form No. 631
Revised 09/07

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