



**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. 000030398

2. Name of Corporation Tri-County Community Action Agency

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: 1126 HARTFORD AVENUE

City or Town: JOHNSTON

State: RI

Zip: 02919

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

COMMUNITY ACTION AGENCY PROVIDING SERVICES SUCH AS HEAD START, DAY CARE, COUNSELING, ETC.

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
PRESIDENT	JOSEPH DESANTIS	1126 HARTFORD AVENUE JOHNSTON, RI 02919 USA
TREASURER	EDWARD E. GEMMA	8 DEERHILL DRIVE SMITHFIELD, RI 02917 USA
SECRETARY	LYNNE FINNEGAN	19 GREENE COURT WESTERLY, RI 02891 USA
CHAIR	RICHARD DELFINO	87 SIMMONSVILLE AVENUE JOHNSTON, RI 02919 USA
VICE CHAIR	ROBERT O'BRIEN	96 ELENA STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	JOHN STOUKIDES MD	2 ATLANTIC BOULEVARD NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	PAUL MACDONALD	514 COLWELL ROAD HARRISVILLE, RI 02830 USA
DIRECTOR	PAUL GOTT	52 RESERVOIR AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	EDWARD A. GEMMA	8 DEERHILL DRIVE SMITHFIELD, RI 02917 USA
DIRECTOR	BEN ZANNI	15 CAMBRIDGE CIRCLE SMITHFIELD, RI 02917 USA
DIRECTOR	ROBERT O'BRIEN	96 ELENA STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	AMBER CHAMPLIN	12 ROLLING HILL DRIVE EXETER, RI 02822 USA
DIRECTOR	JOCELYN TAVAREZ	169 ROUNDS AVE PROVIDENCE, RI 02907 USA
DIRECTOR	SAIKON GBEHAN	6A KATHERINE DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	RICHARD DELFINO	87 SIMMONSVILLE AVE JOHNSTON, RI 02919 USA
DIRECTOR	CHERYL JACKSON	88 SCENERY LANE JOHNSTON, RI 02919 USA
DIRECTOR	LYNNE FINNEGAN	19 GREENE COURT WESTERLY, RI 02891 USA
DIRECTOR	CHRISTINE LENNON	14 SOUTH HILLVIEW DR. NARRAGANSETT, RI 02882 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

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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 2:54:39 PM 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 JOSEPH R. DESANTIS
Signature of Authorized Person

Form No. 631
Revised 09/07

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