RI SOS Filing Number: 202198229070 Date: 6/11/2021 4:00:00 PM



State of Rhode Island

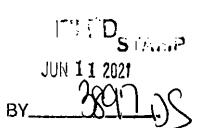
Department of State - Business Services Division

Annual Report for the year: 2021 **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.



1. Entity ID Number	2. Exact name of the Corporation					
65116	Coventry Friends of Human Services					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	The provision of comprehensive Social Services to residents in Coventry, RI					
4. NAICS Code						
624120 - Services for Elderly and						
6. Principal Office Address			City	State	Zip	
50 Wood Street			Coventry	RI	02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Ernest Rusack			Vice-President Name Gail Tatangelo			
Street Address 4 Manchester Circle Apt B			Street Address 190 Shippee Plat Road			
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Z_{ip}} 02816	
Secretary Name Jomarie Fabian			Treasurer Name NONE			
Street Address 40 Mohawk Street			Street Address NONE			
^{City} Coventry	State RI	^{Z₁p} 02816	City NONE	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Robert Robillard Jr			Director Name Gail Tatangelo			
Street Address 50 Wood Street			Street Address 190 Shippee Plat Road			
^{City} Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Zip} 02816	
Director Name Ernest Rusack			Director Name			
Street Address 4 Manchester Circle Apt B			Street Address			
^{City} Coventry	State RI	^{Zip} 02816	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				Date	Date	
Jomarie Fabian				June 8, 202	June 8, 2021	
Signature of Officer/Authorized Representative						
Jonarie Falian						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov