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. 000045192

2. Name of Corporation AIDS CARE OCEAN STATE, INC.

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

624190

4. Principal Office Address

No. and Street: 18 PARKIS AVENUE
City or Town: PROVIDENCE State: RI Zip: 02907 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

PROVIDING HOUSING, CASE MANAGEMENT, MEDICAL/NURSING CARE AND PREVENTION TO ADULTS, FAMILIES ADOLESCENTS, AND CHILDREN WHO ARE AFFECTED BY HIV AIDS.

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	B. JOSEPH REDDISH	23 COREY TRAIL ROAD WYOMING, RI 02898 USA
TREASURER	MATTHEW ADAMS	17 WILDWOOD DRIVE CRANSTON, RI 02920 USA
DIRECTOR	REUBEN KLOPPERS	166 VALLEY STREET APT 6M205 PROVIDENCE, RI 02909 USA
VICE PRESIDENT	DAVID ROBERT	360 SHAWOMET AVENUE WARWICK, RI 02889 USA
SECRETARY	RAYMOND MALM	1180 NARRAGANSETT BLVD CRANSTON, RI 02905 USA
DIRECTOR	MARC GAUTHIER	25 MOHAWK TRAIL CRANSTON, RI 02921 USA
DIRECTOR	DIANE SIEDLECKI MD	140 WILSON AVENUE WARWICK, RI 02889 USA
DIRECTOR	LAMEL MOORE	135 OLD MAIN STREET MANVILLE, RI 02838 USA
DIRECTOR	RICHARD RAMSEY	458 WAYLAND AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	JOSEPH REUSCH	52 ROBINS WAY WARWICK, RI 02879 USA
DIRECTOR	JAY JOYNES	35 KENYON ST APT 5 PROVIDENCE, RI 02903 USA
DIRECTOR	SIENA NAPOLEAON	11 FOURTH ST. PROVIDENCE, RI 02906 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

GINA MERCURE 18 PARKIS AVENUE PROVIDENCE , RI 02907

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

Signed this 17 Day of June, 2021 at 3:46:27 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 B. JOSEPH REDDISH, III
Signature of Authorized Person

Form No. 631
Revised 09/07