



RI SOS Filing Number: 202199193190 Date: 7/8/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: **2021**
Non-Profit Corporation

JUL 08 2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY **AL 18999**

1. Entity ID Number 000034389		2. Exact name of the Corporation Cranston Adult Day Care Advisory Board			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community support and advocacy for frail, physically and/or mentally challenged adults.			
4. NAICS Code 624120 - Services for Elderly a <input type="checkbox"/>					
6. Principal Office Address 1070 Cranston Street			City CRanston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joanne Quinn			Vice-President Name Madeline Regine		
Street Address 1047 Narragansett Parkway			Street Address 125 Harris Avenue		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02920
Secretary Name Alice Manfredi			Treasurer Name Rosemarie Coren		
Street Address 413 Woodbine Street			Street Address 8 Harding Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Quiroa			Director Name Joan Margadonna		
Street Address 9 Ledyard Street			Street Address 21 Pine Hill Drive		
City Newport	State RI	Zip 02840	City Cranston	State RI	Zip 02910
Director Name Rosemarie Coren			Director Name		
Street Address SAB.			Street Address		
City	State	Zip	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Rosemarie Coren				Date 6/17/2021	
Signature of Officer/Authorized Representative Rosemarie Coren RN					

MAIL TO:
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