



**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. 000029138

2. Name of Corporation INTERFAITH COUNSELING CENTER, 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

4. Principal Office Address

No. and Street: 1520 BROAD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

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

PASTORAL COUNSELING AND TRAINING

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	SARA CLARKE	173 GREENWOOD AVENUE WARWICK, RI 02886 USA
TREASURER	PAUL CAVANAGH	97 OVERHILL RD.

		EAST GREENWICH, RI 02806 USA
SECRETARY	CAROL G CAVANAGH	25 NATHANIEL DRIVE EAST GREENWICH, RI 02818 USA
OPERATIONS MANAGER	MONICA RUGGIERO	46 VIEW STREET PROVIDENCE, RI 02908 USA
DIRECTOR	DANIEL HARROP	PO BOX 603364 PROVIDENCE, RI 02906 USA
DIRECTOR	EUGENE MCKENNA	30 BLACKBERRY HILL DR. WAKEFIELD, RI 02879 USA
DIRECTOR	CHRISTINE KING	55 CHESTNUT DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	DIANA SANBORN BEAUDET	40 EVERGREEN ROAD HOLLISTON, MA 01746 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**

ROBERT MCINTYRE ONE RICHMOND SQUARE, SUITE 106K PROVIDENCE , RI 02906

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

Signed this 21 Day of September, 2021 at 9:37:35 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 MONICA RUGGIERO
Signature of Authorized Person

Form No. 631
Revised 09/07

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