



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: ~~2020~~ 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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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1. Entity ID Number 000124842		2. Exact name of the Corporation Community Provider Network of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Membership Organization for agencies that provide day and residential supports to individuals with ID/DD			
4. NAICS Code 624120 - Services for Elderly a <input type="checkbox"/>					
6. Principal Office Address 82 Hillside Dr.			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name Liz Wiedenhoffer			Vice-President Name Judith Sullivan		
Street Address 490 Metacom Ave			Street Address 3445 Post Road		
City Bristol	State RI	Zip 02809	City Warwick	State RI	Zip 02886
Secretary Name Carrie Miranda			Treasurer Name Linda Ward		
Street Address 438 East Main Street Irongate II			Street Address 1 Worthington Rd.		
City Middletown	State RI	Zip 02842	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Michael Andrade			Director Name		
Street Address 25 Thurber Ave			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name Michael Pearis			Director Name Ray Memery		
Street Address 610 Manton Street			Street Address 33 College Hill Rd. Bldg. 33		
City Providence	State RI	Zip 02909	City Warwick	State RI	Zip 02886
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative				Date 9-20-2021	
Signature of Officer/Authorized Representative					

FILED

9:45

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov

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 BY JPJS2 FORM 631 - Revised: 08/2020