



State of Rhode Island

Department of State - Business Services Division

FILED

APR 18 2022 A.M.P

BY 5178

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 31151		2. Exact name of the Corporation Southern Rhode Island Volunteers			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Coordination of Volunteer Services and Programs in West Southern Rhode Island assisting senior citizens			
4. NAICS Code 813319					
6. Principal Office Address 100 Park Lane, PO Box 104T		City Charlestown		State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Kevin Sullivan			Director Name Elizabeth Rochin		
Street Address 179 Mulberry Drive			Street Address 661 Kings Factory Road		
City South Kingstown	State RI	Zip 02819	City Charlestown	State RI	Zip 02813
Director Name Louise Weaver			Director Name Michael Granfrancesco		
Street Address 38 Leeward Lane			Street Address 192 Fairway Drive		
City South Kingstown	State RI	Zip 02819	City Coxe	State RI	Zip 02816
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 Debra Tanner				Date 4/13/2022	
Signature of Officer/Authorized Representative <i>Debra Tanner</i>					

MAIL TO:
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