



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000028207		2. Exact name of the Corporation Manville Community Centre INC			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island NAICS Code 236118			
5. Principal office address 31 Railroad St		City Manville	State RI	Zip 02838	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bruce Whitehead		Vice-President Name Robert G. Leclerc			
Street Address 71 Grandview Ave		Street Address 31 Ash St			
City Lincoln	State RI	Zip 02865	City Manville	State RI	Zip 02838
Secretary Name Donald Gendron		Treasurer Name Bernard Desjardins			
Street Address 269 Beckwith St		Street Address 439 Old Smithfield Rd			
City Cranston	State RI	Zip 02910	City Smithfield	State RI	Zip 02896
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Luc Fillion		Director Name Robert A. Leclerc			
Street Address 74 Old River Rd		Street Address 47 Burnett St.			
City Manville	State RI	Zip 02838	City Johnston	State RI	Zip 02919
Director Name Linda Gendron		Director Name			
Street Address 269 Beckwith St		Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

APR 18 2022

BY

[Handwritten signature]

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.

[Handwritten signature]

Signature of Officer or Authorized Representative

4/12/22
Date

Robert A. Leclerc

Print or Type Name of Officer or Authorized Representative