



**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.<br><b>000028207</b>  |                    | 2. Exact name of the Corporation<br><b>Manville Community Centre INC</b>                                |                           |                     |                     |
| 3. State of Incorporation<br><b>RI</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>NAICS Code 236118</b> |                           |                     |                     |
| 5. Principal office address<br><b>31 Railroad St</b>  |                    | City<br><b>Manville</b>   | State<br><b>RI</b>        | Zip<br><b>02838</b> |                     |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |                           |                     |                     |
| President Name<br><b>Bruce Whitehead</b>  |                    | Vice-President Name<br><b>Robert G. Leclerc</b>   |                           |                     |                     |
| Street Address<br><b>71 Grandview Ave</b>   |                    | Street Address<br><b>31 Ash St</b>  |                           |                     |                     |
| City<br><b>Lincoln</b>  | State<br><b>RI</b> | Zip<br><b>02865</b>   | City<br><b>Manville</b>   | State<br><b>RI</b>  | Zip<br><b>02838</b> |
| Secretary Name<br><b>Donald Gendron</b>   |                    | Treasurer Name<br><b>Bernard Desjardins</b>   |                           |                     |                     |
| Street Address<br><b>269 Beckwith St</b>  |                    | Street Address<br><b>439 Old Smithfield Rd</b>  |                           |                     |                     |
| City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02910</b>   | City<br><b>Smithfield</b> | State<br><b>RI</b>  | Zip<br><b>02896</b> |
| 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<br><b>Luc Fillion</b>   |                    | Director Name<br><b>Robert A. Leclerc</b>   |                           |                     |                     |
| Street Address<br><b>74 Old River Rd</b>  |                    | Street Address<br><b>47 Burnett St.</b>   |                           |                     |                     |
| City<br><b>Manville</b>   | State<br><b>RI</b> | Zip<br><b>02838</b>   | City<br><b>Johnston</b>   | State<br><b>RI</b>  | Zip<br><b>02919</b> |
| Director Name<br><b>Linda Gendron</b>   |                    | Director Name   |                           |                     |                     |
| Street Address<br><b>269 Beckwith St</b>  |                    | Street Address  |                           |                     |                     |
| City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02910</b>   | 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