



State of Rhode Island
Department of State - Business Services Division

FILED
 MAY 06 2022
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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 00071579		2. Exact name of the Corporation East Bay RSVP (Retired Senior Volunteer Program)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provides volunteer opportunities for persons age 55 and older to participate in their community through their volunteer service.			
4. NAICS Code 624229 - Other Community Hc					
6. Principal Office Address 100 Bullocks Point Avenue		City East Providence	State RI	Zip 02915	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra Sullivan			Vice-President Name Allison Broome		
Street Address 565 Forbes St			Street Address 42 Dunbar St		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02916
Secretary Name Katherine Fairchild			Treasurer Name Camela Hazzard-Vieira		
Street Address 22 Allen Ave			Street Address 4 Carousel Drive		
City Barrington	State RI	Zip 02806	City East Providence	State RI	Zip 02915
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 Paula Bradley			Director Name Anna Howes		
Street Address 122 Viking Drive			Street Address 243 Crescent View Ave		
City Portsmouth	State RI	Zip 02871	City East Providence	State RI	Zip 02915
Director Name Patricia Thomas			Director Name Judy Silva		
Street Address 157 Wilmarth Ave			Street Address 31 Beverly Drive		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02915
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.					
<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 Kimberly Wetherald				Date 5-3-2022	
Signature of Officer/Authorized Representative					

MAIL TO:
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