



State of Rhode Island  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000093243

**2. Name of Corporation** Donation Center Foundation of Rhode Island

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990

**4. Principal Office Address**

No. and Street: 188 VALLEY STREET

SUITE 219

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO ENGAGE IN THE ACTIVITIES TO RAISE FUNDS TO SUPPORT THE MISSION AND PURPOSES OF BIG SISTERS OF RI.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	TOM FUREY	150 CAROLINA AVENUE PROVIDENCE, RI 02905 USA
TREASURER	MICHAEL E. SMITH	81 HENRY CASE WAY SOUTH KINGSTOWN, RI 02879 USA
SECRETARY	AIDA CROSSON	30 OAKLAWN AVE, APT. 318 CRANSTON, RI 02920 USA
CEO	KATJE AFONSECA	76 SUPERIOR VIEW BLVD NORTH PROVIDENCE, RI 02911 USA
VICE PRESIDENT	YOMAYRA REYES	101 SUMTER STREET PROVIDENCE, RI 02907 USA
DIRECTOR	LIZ CATUCCI	23 SUPERIOR VIEW BLVD. NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	ROSIE FERNANDEZ	205 GENTIAN AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	DAVID FONTES	164 BEAR HILL RD., UNIT 7 CUMBERLAND, RI 02864 USA
DIRECTOR	C. PAUL OBERG	160 LYNN CIRCLE EAST GREENWICH, RI 02818 USA
DIRECTOR	TED TURNBULL	7 OSPREY CIRCLE REHOBOTH, MA 02769 USA
DIRECTOR	PAT BUTLER	28 FOLLETT STREET CUMBERLAND, RI 02864 USA
DIRECTOR	LAWRENCE FILIPPELLI	7 HAWTHORNE RD GREENVILLE, RI 02828 USA
DIRECTOR	TIANA OCHOA	61 STELLA STREET PROVIDENCE, RI 02909 USA
DIRECTOR	DENNIS VARONE II	16 EXCALIBUR DRIVE RICHMOND, RI 02892 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KATJE AFONSECA 188 VALLEY STREET, SUITE 219 PROVIDENCE , RI 02909

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

**Signed this 1 Day of March, 2023 at 4:19:32 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KATJE AFONSECA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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