



**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 - ENTER THE CURRENT FILING YEAR **2023: 2023**

1. Corporate ID No. 000027292

2. Name of Corporation East Bay Community Action Program

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

813319

4. Principal Office Address

No. and Street: 19 BROADWAY

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

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

TO PROPOSE, CONDUCT AND ENCOURAGE THE DEVELOPMENT OF COMMUNITY ACTION PROGRAMS DESIGNED TO HELP ELIMINATE POVERTY.

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.

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	DAVID BEBYN	B&E CONSULTING LLC 21 DRYDEN LANE PROVIDENCE, RI 02904 USA
VICE PRESIDENT	JANE KOSTER	449 WEST REACH DRIVE JAMESTOWN, RI 02835 USA
PRESIDENT	JAMES VINCENT	44 WASHINGTON STREET PROVIDENCE, RI 02903- USA
DIRECTOR	KATHY CHARBONNEAU	BANKNEWPORT PO BOX 450 NEWPORT, RI 02840 USA
VP OF HEAD START	LINDA LALIBERTE	386 WILLET AVE RIVERSIDE, RI 02915 USA
DIRECTOR	JESSICA CALVINO	889 HOPE STREET BRISTOL, RI 02809 USA
DIRECTOR	JOHN TAYLOR	PO BOX 510 PORTSMOUTH, RI 02817 USA
VP OF HR	NORMA CONLEY	610 WAMPANOAG TRAIL RIVERSIDE, RI 02915 USA
VP OF ASSETS AND PROPERTY MGT	CORY GUGLIETTI	100 BULLOCKS PT AVE RIVERSIDE, RI 02915 USA
VP OF QUALITY AND PERFORMANCE IMPROVEMENT	KATHRYN AMALFITANO	100 BULLOCKS PT AVE RIVERSIDE, RI 02915 USA
DENTAL DIRECTOR	JASMA PATEL	19 BROADWAY NEWPORT, RI 02840 USA
SECRETARY	ANNETTE RICHARDSON	240 TAUNTON AVENUE EAST PROVIDENCE, RI 02914 USA
VP OF FAMILY DEVT	RITA CAPOTOSTO	610 WAMPANOAG TRL RIVERSIDE, RI 02915 USA
VP OF HC OPERATIONS	AIDA CABRAL	6 JOHN CHAFEE BLVD NEWPORT, RI 02840 USA
DIRECTOR	JEYSON GALVEZ	11 DUDLEY SOUTH MIDDLETOWN, RI 02842 USA
DIRECTOR	LUCIA FONTES BORTS	209 TERRACE DRIVE RIVERSIDE, RI 02915 USA
VP & CIO	FILIPE REGO	19 BROADWAY NEWPORT, RI 02840 USA
VP & CSO	STEPHANIE MCCAFFREY	100 BULLOCKS PT AVE RIVERSIDE, RI 02915 USA
PRESIDENT & CEO	RILWAN FEYISITAN JR	100 BULLOCKS PT RIVERSIDE, RI 02915 USA
VP OF FINANCE & CFO	JUSTINE CORDEIRO	19 BROADWAY NEWPORT, RI 02840 USA
VP OF HEALTH ADMINISTRATION	ROBERT CROSSLEY	610 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
CHIEF MEDICAL OFFICER	LISA DENNY	100 BULLOCKS PT AVE RIVERSIDE, RI 02915 USA
VP OF BEHAVIORAL HEALTH	AMY LAGASSE	2 OLD COUNTY RD BARRINGTON, RI 02809 USA

VP OF NURSING	LAURA VOLLER	100 BULLOCKS PT AVENUE RIVERSIDE, RI 02915 USA
DIRECTOR	ED CARUSI	1020 HOPE STREET BRISTOL, RI 02809 USA
DIRECTOR	JULIE CHALUE	282 COUNTY RD BARRINGTON, RI 02906 USA
DIRECTOR	BARBARA HASKELL	22 BRYER AVENUE JAMESTOWN, RI 02835 USA
DIRECTOR	JUDITH CAMPBELL	186 HOPE ST BRISTOL, RI 02809 USA
DIRECTOR	LAURIE SIMONDS	11 WESTMINSTER ST WARREN, RI 02885 USA
DIRECTOR	GREGORY S DIAS	349 WARREN AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JULIANNE M MCCARTHY	23 CHARLOTTE DRIVE BRISTOL, RI 02809 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

SUSAN SCHENCK 19 BROADWAY NEWPORT , RI 02840

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

Signed this 3 Day of May, 2023 at 4:26:54 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 BERNADETTE DOLLINGER
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2023 State of Rhode Island
All Rights Reserved