



State of Rhode Island
Department of State - Business Services Division

FILED

JUN 30 2023

BY 393
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Annual Report for the year: 2023

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 71705		2. Exact name of the Corporation JOHN F. SPELLMAN CENTER			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island A SOCIAL SERVICES ADVOCACY ORGANIZATION WITH A GOAL TO DELIVER A BROAD RANGE OF INTERVENTION, TRAINING, ADVOCACY, REFERRAL AND SUPPORTIVE SERVICES			
4. NAICS Code 813319					
6. Principal Office Address 29 BULLOCKS POINT AVENUE, UNIT 1B			City RIVERSIDE	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EARNEST OKWARA			Vice-President Name MARIA OKWARA-JONES		
Street Address 29 BULLOCKS POINT AVENUE, 1B			Street Address 142 EVVALANE DRIVE		
City RIVERSIDE	State RI	Zip 02915	City SPARTANBURG	State SC	Zip 29302
Secretary Name BONNIE ABOLS			Treasurer Name NANCY VINACCO		
Street Address 121 JOHN STREET			Street Address 12 EVA STREET		
City WARWICK	State RI	Zip 02889	City PROVIDENCE	State RI	Zip 02908
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 EARNEST OKWARA			Director Name MARY LOMASTRO		
Street Address 29 BULLOCKS POINT AVENUE, 1B			Street Address 1218 MAIN STREET, B		
City RIVERSIDE	State RI	Zip 02915	City COVENTRY	State RI	Zip 02816
Director Name ROSE-ANNE CARTER			Director Name MARIA OKWARA-JONES		
Street Address 11 PARK STREET			Street Address 142 EVVALANE DEIVE		
City WARREN	State RI	Zip 02885	City SPARTANBURG	State SC	Zip 29302
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 EARNEST I. OKWARA				Date JUNE 27, 2023	
Signature of Officer/Authorized Representative					

MAIL TO:
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