



**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 YEAR 2024: 2024

1. Corporate ID No. 001338407

2. Name of Corporation Rhode Island Coalition For Children & Families, Inc.

3. State of Incorporation

State: RI

NAICS CODE

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: 623 ATWELLS AVE, 2ND FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

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

UNDERTAKE PROGRAMS TO IMPROVE AND ENSURE THE AVAILABILITY OF
QUALITY SERVICES TO CHILDREN AND FAMILIES IN RHODE ISLAND AND TO
PROMOTE THE WELL BEING OF CHILDREN THROUGH PUBLIC EDUCATION AND
ADVOCACY EFFORDS

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 First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT | DARLENE ALLEN | 12 EXETER ST PROVIDENCE, RI 02906 USA |
| SECRETARY | LYNN BISHOP | 49 WETHERSFIELD AVE HARTFORD, CT 06114 USA |
| TREASURER | FERNANDO MUNIZ | 340 WEST NEWBERRY RD BLOOMFIELD, CT 06002 USA |
| VICE PRESIDENT | LAURI SMALLS | 801 ELMWOOD AVE PROVIDENCE, RI 02907 USA |
| DIRECTOR | BRIAN SULLIVAN | 635 OCEAN RD NARRAGANSETT, RI 02882 USA |
| DIRECTOR | MICHAEL PEARIS | 610 MANTON AVE PROVIDENCE, RI 02909 USA |
| DIRECTOR | MARGARET HOLLAND-MCDUFF | PO BOX 6688 PROVIDENCE, RI 02908 USA |
| DIRECTOR | CRAIG GORDON | 49 WHITE AVE RIVERSIDE, RI 02915 USA |
| DIRECTOR | CAROLYN SOUZA | 438 E. MAIN RD MIDDLETOWN, RI 02842 USA |
| DIRECTOR | SEENA FRANKLIN | 301 DORIC AVE CRANSTON, RI 02910 USA |
| DIRECTOR | TAMMY MELLO | 670 OLD CONNECTICUT PATH FRAMINGHAM , MA 01701 USA |
| DIRECTOR | LISA CONLON | 535 CENTERVILLE RD STE 202 WARWICK, RI 02886 USA |
| DIRECTOR | BETH BIXBY | 2115 WASHINGTON ST WEST WARWICK, RI 02893 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

TANJA KUBAS-MEYER 623 ATWELLS AVENUE, 2ND FLOOR 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 7 Day of February, 2024 at 9:56:28 AM 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 TANJA KUBAS-MEYER
Signature of Authorized Person

Form No. 631
Revised 09/07

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