



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

FEB 14 2024 STAMP

439702 FOR SECRETARY OF STATE FILE ONLY

1. Entity ID Number 000065116		2. Exact name of the Corporation Coventry Friends of Human Services, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The Provision of Comprehensive Social Services to Residents in Coventry, RI			
4. NAICS Code 624120					
6. Principal Office Address 50 Wood Street			City Coventry	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ernest Rusack			Vice-President Name Gail Tatangelo		
Street Address 4 Manchester Circle			Street Address 190 Shippee Plat Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Jomarie Fabian			Treasurer Name NONE		
Street Address 40 Mohawk Street			Street Address NONE		
City Coventry	State RI	Zip 02816	City NONE	State	Zip
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 Ernest Rusack			Director Name Gail Tatangelo		
Street Address 4 Manchester Circle			Street Address 190 Shippee Plat Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Robert Robillard Jr			Director Name		
Street Address 50 Wood Street			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Jomarie Fabian				Date 02/02/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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