



**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 2024**

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. 000027077

2. Name of Corporation Family Service of Rhode Island, 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  
624199

**FILED**

FEB 16 2024  
BY [Signature]

4. Principal Office Address

No. and Street: 9 PLEASANT STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

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

ORGANIZING CHARITABLE WORK, DIMINISHING PAUPERISM AND IMPROVING THE CONDITION OF THE POOR; SOCIAL SERVICE/BEHAVIORAL HEALTH AGENCY PROVIDING OUTPATIENT SERVICES, HOME-BASED SERVICES, RESIDENTIAL AND SCHOOL-BASED PROGRAMS.

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

DIRECTOR	MARGARET FARRELL	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	SYBIL BAILEY	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	HUGH CLEMENTS	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	DORIS DE LOS SANTOS	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JAMES DIOSSA	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JAMES KINNEY	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	KURT MANCINI	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	GLEN MARTIN	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	DANIEL DWIGHT	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	SUSAN ERSTLING	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	DEAN ESSERMAN	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	STEPHEN IANNAZZI	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	MALCOLM FARMER	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
PRESIDENT	JOHN SIMMONS	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
VICE PRESIDENT	ROBERT VINCENT	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
TREASURER	ROBERT WADDINGTON	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
SECRETARY	MARGARET FARRELL	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JOHN SIMMONS	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	ROBERT VINCENT	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	ROBERT WADDINGTON	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	MACKY MCCLEARY	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	DACIA READ	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	WILLIAM SMITH	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	TERESA PAIVA WEED	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JAMIE OMISORE	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	WAYNE GLAZIER	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	ROSANNA ORTIZ	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	GBATOH BROWNE	9 PLEASANT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	KELLY ROGERS	9 PLEASANT STREET PROVIDENCE, RI 02906 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**

MARGARET A. HOLLAND MCDUFF 134 THURBERS AVENUE PROVIDENCE, RI 02905

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

The Department of State tracks the number of new business filings on a quarterly and annual basis. We are seeking more information from non-profit corporations and hope the following voluntary questions will help us better present useful trends and information on the health of our economy.

1. How many full time employees does the non-profit have:

- 0
- 1-5
- 6-50
- 51-200
- 201-500
- Over 500

2. How many volunteers does the non-profit have:

- 0-5
- 6-25
- 26-50
- 51-100
- Over 100

3. What was the non-profit's operating budget for the past year:

- \$0 - \$50,000
- \$51,000 - \$250,000
- \$251,000 - \$500,000
- \$501,000 - \$1,000,000
- Over \$1,000,000

4. (Select all that apply) - Identify the funding sources that contributed to the non-profit's operating budget for the past year:

- Federal grants
- State grants
- Donations
- Fee-for-service
- Fundraising

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

No. and Street: \_\_\_\_\_

City or Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Signed this 16 Day of February, 2024 at 10:40:10 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 SUZETTE DURAND  
Signature of Authorized Person

Make Corrections

Accept

Form No. 631  
Revised 09/07

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