



**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

**Foreign Non-Profit  
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.** 001671677

**2. Name of Corporation** A SECOND CHANCE, INC.

**3. State of Incorporation**

State: PA

**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

624190

**4. Principal Office Address**

No. and Street: 8350 FRANKSTOWN AVENUE

City or Town: PITTSBURGH

State: PA Zip: 15221 Country: USA

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

PROVIDE SOCIAL SERVICES FOR CHILDREN AND FAMILIES

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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TREASURER	ROSANNE CASCIATO	8350 FRANKSTOWN AVE. PITTSBURGH, PA 15221 USA
SECRETARY	ERVIN E DYER	8350 FRANKSTOWN AVENUE PITTSBURGH, PA 15221 USA
PRESIDENT	SHARON L MCDANIEL	8350 FRANKSTOWN AVE PITTSBURGH, PA 15221 USA
DIRECTOR	LISA HOLT	8350 FRANKSTOWN AVE PITTSBURGH, PA 15221 USA
DIRECTOR	ERVIN E DYER	8350 FRANKSTOWN AVENUE PITTSBURGH, PA 15221 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**

REGISTERED AGENTS INC. 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

**Signed this 20 Day of March, 2024 at 4:54:42 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 SHARON L MCDANIEL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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