			i
	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines	s Services	
	148 W. River S		
1426	Providence RI 029		
1030	(401) 222-30	40	
Non-Profit Corporation			
Annual Report Filing Period: February 1 - May	, 1		
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.			
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>	
1. Corporate ID No. <u>00002</u>	28207		
2. Name of Corporation \underline{MAI}	NVILLE COMMUNITY C	<u>ENTRE, INC.</u>	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is kn	dropdown will
NAICS Code			
<u>236118</u>			
4. Principal Office Address			
No. and Street: 30 RAIL	ROAD STREET		
City or Town: JOHNST		te: <u>RI</u> Zip: <u>02919</u>	Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Condu	icted in Rhode Island	
COMMUNITY AFFAIRS			
6. Names and Addresses of t	he Officers and Directors:		
All Directors and Officers mu Island Corporation shall not		e number of DIRECT	ORS of a Rhode
Title	Individual Name	Addi	
<u> </u>	First, Middle, Last, Suffix	Address, City or Town, S	state, Zip Code, Country
1			

PRESIDENT	BRUCE WHITEHEAD	71 GRANDVIEW AVENUE LINCOLN, RI 02865 USA	
TREASURER	BERNARD DESJARDINS	939 OLD SMITHFIELD RD SMITHFIELD, RI 02896 USA	
SECRETARY	ROBERT A LECLERC	47 BURNETT ST JOHNSTON, RI 02919 USA	
VICE PRESIDENT	ROBERT G LECLERC	31 ASH ST MANVILLE, RI 02838 USA	
DIRECTOR	LUC FILLION	74 OLD RIVER RD. MANVILLE, RI 02838 USA	
DIRECTOR	DAVID LOVETT	260 CROSSING DR APT. 202 CUMBERLAND, RI 02864 USA	
DIRECTOR	RYAN GRIMLEY	11 SUMMIT AVE N. PROVIDENCE, RI 02896 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

BRUCE WHITEHEAD 30 RAILROAD STREET MANVILLE , RI 02838

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

Signed this 12 Day of April, 2024 at 3:07:05 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 ROBERT A LECLERC

Signature of Authorized Person

Form No. 631 Revised 09/07

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