



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAY 1 PM 2:10:14

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.

1. Entity ID Number 697751		2. Exact name of the Corporation Woonsocket Prevention Coalition Corporation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-profit public health organizations with a mission "to develop, implement and advocate for effective community based prevention initiatives."	
4. NAICS Code 624190			
6. Principal Office Address 285 Main Street, Suites 3 & 4		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bridget Bennett		Vice-President Name Donald Burke	
Street Address 245 Main Street		Street Address 29 Edmunds Street	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Secretary Name Jody Ragosta		Treasurer Name Amanda LaRose	
Street Address 350 Newland Avenue		Street Address 1280 Park Avenue	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
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 Leslie Page		Director Name Rosemary O'Brien	
Street Address 303 Clinton Street		Street Address 237 Larch Street	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Director Name Kelli DiDomenico		Director Name	
Street Address Beacon Charter HS - Main Street		Street Address	
City Woonsocket	State RI	City	State
Zip 02895		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Bridget Bennet, Chairperson			Date 4/20/24
FILED			
Signature of Officer/Authorized Representative <i>Bridget Bennett, Chair</i>			
MAY 1 2024			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

NY **SPD2F**
ABC