



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**

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. 000026934

2. Name of Corporation Dorcas International Institute 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
813319

4. Principal Office Address

No. and Street: 645 ELMWOOD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

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

TO PROVIDE EDUCATIONAL AND SOCIAL SERVICES TO IMMIGRANTS AND REFUGEES.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	APRIL CHASE-LUBITZ	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
TREASURER	LUCY MADDOCK	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
SECRETARY	W. ROBERT KEMP	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
ASSISTANT SECRETARY	SYLVIA CAREY-BUTLER	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
EXECUTIVE DIRECTOR	KATHLEEN CLOUTIER	333 ATWELLS AVE PROVIDENCE, RI 02903 USA
ASSISTANT TREASURER	MARGARET MEANY	60 CRESCENT ST PROVIDENCE, RI 02907 USA
VICE PRESIDENT	MICHAEL GILLERLANE	84 ASHLEY LANE COLCHESTER, CT 06415 USA
DIRECTOR	ANNE MAXWELL LIVINGSTON	645 ELMWOOD AVENUE PROVIDENCE, RI 02907 USA
DIRECTOR	JUDY CROYLE	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	HENRY CRUZ	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	FRANK DARRIGAN	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	MICHAEL DWYER	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	ROBERT ENGLISH	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	PHILLIP LESS	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	ANN MAXWELL-LIVINGSTON	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	VERONICA MCCOMB	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	JORGE MEJIA	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	IRENE NERNEY	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	NITA PARSNANI	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	RALPH POSNER	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	JAMES RAJOTTE	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	SAMUEL SALGANIK	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	ROSY TAVARES	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA

DIRECTOR	PHILOMENA TEIXEIRA	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	WILLAM TWADDELL	645 ELMWOOD AVE PROVIDENCE, RI 02907 USA
DIRECTOR	ROBIN TORBRON WARDE	645 ELMWOOD AVE PROVIDENCE, RI 02907 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

INTERNATIONAL INSTITUTE OF RHODE ISLAND 645 ELMWOOD AVENUE PROVIDENCE , RI 02907

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

Signed this 27 Day of June, 2024 at 10:06:15 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 JOSEPH HALEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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