



State of Rhode Island
Department of State - Business Services Division

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.

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DEPT. OF STATE
2024 NOV - 4 P 12:00

1. Entity ID Number 000029088		2. Exact name of the Corporation Volunteers of America of Rhode Island, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Social and human services			
4. NAICS Code 624190					
6. Principal Office Address 441 Centre Street		City Jamaica Plain		State MA	Zip 02130
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Gagnon			Vice-President Name None		
Street Address 441 Centre Street			Street Address		
City Jamaica Plain	State MA	Zip 02130	City	State	Zip
Secretary Name Ashwini Nadkarni			Treasurer Name Phil Chadwick		
Street Address 131 Westbourne Terrace			Street Address 15 Castle Road		
City Brookline	State MA	Zip 02146	City Norfolk	State MA	Zip 02056
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name James Goldinger			Director Name Phil Chadwick		
Street Address 7 Farm Rd.			Street Address 15 Castle Road		
City Lexington	State MA	Zip 02420	City Norfolk	State MA	Zip 02056
Director Name Peter Raskin			Director Name Ashwini Nadkarni		
Street Address 55 Huntington Ave.			Street Address 131 Westbourne Terrace		
City Sharon	State MA	Zip 02067	City Brookline	State MA	Zip 02146
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Peter A. Caro					Date 10/31/2024
Signature of Officer/Authorized Representative 					FILED

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

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BY mH3g2
12:03

Volunteers of America of Rhode Island, Inc.

Corporate ID No. 000029088

Attachment to Annual Report

Additional Director

Charles Gagnon
441 Centre Street
Jamaica Plain, MA 02130