RI SOS Filing Number: 202461027840 Date: 11/4/2024 12:02:00 PM

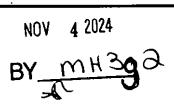
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State of Rhode Island Department of State - Business Services Division				50°)	
Annual Report for the year:	2023				
Non-Profit Corporation → Filing period. February 1 - May 1		.		r	,
→ Filing Fee: \$20.00				2029	3
→ Penalty: Additional \$25.00 fee if Entity ID Number 					<u>-</u>
000029088	Volunteers of America of Rhode Island, Inc.				RECE TO T
State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Social and human services				
4. NAICS Code 624190	12: 00				(4) (국 (구)
6. Principal Office Address			City	State	Zip
141 Centre Street			Jamaica Plain	MA	02130
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
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 a	ddresses). RI Corp	porations MUST II		e box to indicate an a	attachment 🗸
Director Name James Goldinger			Director Name Phil Chadwick		
Stree: 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	z _{ip} 02146
9. The Registered Agent information	on of record with th	e RI Department	of State is accurate. Changes require	filing Form 641.	
Under penalty of perjury, I decla statements, and that all stateme			d this report, including any accomp correct.	panying schedule	s and
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 Peter A. Caro				10/3//JUJY	
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



12:00

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