

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year	_: 2023
Non-Profit Corporation	

- → Filing period. February 1 May 1
- → Filing Fee: \$20.00

→ P	enalty:	Additional	\$25.00	fee if	form i	s not	filed by	/ May 31	•
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Penalty. Additional \$25.00 les	e ii totim is not iiled i	by Iviay 31.					
1. Entity ID Number 000029088		of the Corporation	Ž-,	RECE GEPT.			
State of Incorporation RI NAICS Code	<u>.</u>	5. Brief description of the character of business conducted in Rhode Social and human services			OF SET		
624190				00			
6. Principal Office Address		_	City	State	Zip		
441 Centre Street			Jamaica Plain	MA	02130		
7. List ALL officers (names and a				eck the box to indicate an	attachment		
President Name Charles Gagnon			Vice-President Name None				
Street Address 441 Centre S			Street Address				
^{City} Jamaica Plain	State MA	^{Zip} 02130	City	State	Zip		
Secretary Name Ashwini Nad	lkarni	•	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 Co	orporations MUST	list at least THREE directors.	neck the box to indicate an	n attachment 🗸		
Director Name James Goldin	ger		Director Name Phil Chadw		·		
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 informa	ation of record with	the RI Departmen	t of State is accurate. Changes r	require filing Form 641.			
Under penalty of periury. I dec	lare and affirm ti	at I have examine	ed this report, including any a	ccompanying schedu	les and		

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

Signature of Officer/Authorized Representative

FILED

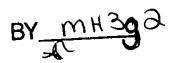
MAIL TO:

Division of Business Services

Peter A. Caro

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 4 2024



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