



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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.

RECEIVED
RI DEPT. OF STATE
BUS. SVCS. DIV.
2024 NOV - 4 PM 2:00

| | | | | | |
|---|-----------------|---|--|--------------------|---------------------------|
| 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 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 |

NOV 4 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

BY mH3g2 12:01

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