

FILED

APR 08 2025

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

CBN BY 158

1. Entity ID Number 000026526		2. Exact name of the Corporation Est Providence Area Chamber of Commerce, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ADVANCE THE BUSINESS, CIVIL, CULTURAL, AND SOCIAL BETTERMENT AND INTERESTS OF THE PEOPLE OF EAST PROVIDENCE AND SURROUNDING AREA. TITLE: 7-6.			
4. NAICS Code 813910					
6. Principal Office Address 1011 Waterman Ave			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Francis			Vice-President Name		
Street Address 1275 Wampanoag Trail			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name Pamela Gaglia			Treasurer Name Linda Rodriguez		
Street Address 26 Bosworth St.			Street Address 330 Swansea Mall Drive		
City Barrington	State RI	Zip 02915	City Swansea	State MA	Zip 02777
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 William Francis			Director Name Arthur Dwyer		
Street Address 1275 Wampanoag Trail			Street Address 88 Boyd Ave		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Director Name Erin Mallo			Director Name Joseph Lembo		
Street Address 5 South Angell St.			Street Address 25 Catamore Blvd		
City Providence	State RI	Zip 02906	City East Providence	State RI	Zip 02914
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 William Francis Pres.					Date 4/1/25
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov