**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.

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|---|---|
| 1. Entity ID Number 000697781 | 2. Exact name of the Corporation WOONSOCKET PREVENTION COALITION CORPORATION |
| 3. State of Incorporation RI | 5. Brief description of the character of business conducted in Rhode Island DEVELOPS, IMPLEMENTS & ADVOCATES FOR EFFECTIVE COMMUNITY-BASED PREVENTION INITIATIVES |
| 4. NAICS Code 624190 - OTHER INDIVIDUAL AND FAMILY SERVICES | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 285 MAIN ST, STES 3+4 | WOONSOCKET | RI | 02895 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| BRIDGET BENNETT | SONALA BURKE |
| Street Address: 245 MAIN ST | Street Address: 59 EDMORA ST |
| City: WOONSOCKET State: RI Zip: 02895 | City: WOONSOCKET State: RI Zip: 02895 |
| **Secretary Name** | **Treasurer Name** |
| JOSY RAGOSTA | AMANDA LABOSSIERE |
| Street Address: 350 NEWPORT AVE | Street Address: 1280 PARK AVE |
| City: WOONSOCKET State: RI Zip: 02895 | City: WOONSOCKET State: RI Zip: 02895 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| LESLIE PAGE | ROSEMARY O'BRIEN |
| Street Address: 303 CLINTON ST | Street Address: 237 LARCH ST |
| City: WOONSOCKET State: RI Zip: 02895 | City: WOONSOCKET State: RI Zip: 02895 |
| Director Name: KELLI DIDOMENICO | Director Name: |
| Street Address: BEACON CHARTER - MAIN ST | Street Address: |
| City: WOONSOCKET State: RI Zip: 02895 | City: State: Zip: |

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.***

*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 | Date |
|---|---|
| Bridget Bennett | 5/2/25 |

Signature of Officer/Authorized Representative: Bridget Bennett

FILED
MAY 19 2025
BY 3317 AM

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

FORM 631- Revised: 12/2023