



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000028909

**2. Name of Corporation** Hodges Lawton Charities

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: ONE RHODES PLACE

City or Town: CRANSTON

State: RI Zip: 02905 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDE HEALTH CARE SERVICES TO HANDICAPPED CHILDREN.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES F DESMARAIS	66 MASSASOIT DRIVE WARWICK, RI 02888 USA
SECRETARY	FRANK DIMASCIO	POB 19337 JOHNSTON, RI 02919 USA
DIRECTOR	MIKE BARBOZA	142 PUTNAM PIKE

		JOHNSTON, RI 02919 USA
DIRECTOR	GILBERT W GALLAGHER	147 LINDY AVENUE WARWICK, RI 02889 USA
DIRECTOR	BRYAN MARTIN	143 LEWISTON STREET WARWICK, RI 02889 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LEON C. KNUDSEN ONE RHODES PLACE CRANSTON , RI 02905

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 29 Day of December, 2016 at 11:36:49 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LEON C. KNUDSEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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