State o	f Rhode Island and Pro		Fee: \$20.00	
HOPE	Office of the Secreta Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	Services reet 4-2615		
Foreign Non-Profit Annual Report Filing Period: June 1 - June 30				
In accordance with R.I.G.L. 7-6-94, report within the time prescribed by \$25.00.				
ANNUAL REPORT YEAR: 2018				
1. Corporate ID No. 000058520				
2. Name of Corporation <u>Alliance for Affordable Services</u>				
3. State of Incorporation				
State: DC				
of activity in which your entity engabased on the chosen selection. If assistance with selecting a classif	the NAICS Code is known, en			
4. Corporate Address in Rhode	Island			
No. and Street: NON City or Town: NON	<u>VE</u>	: <u>00000</u> Country: U	ISA	
5. Foreign Corporation. Enter P	rincipal Office Address			
No. and Street: <u>130 E JOHN CARPENTER FWY</u> <u>STE 380</u> City or Town: <u>IRVING</u> State: <u>TX</u> Zip: <u>75062</u> Country: <u>UNI</u>				
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island				
MEMBER ORGANIZATION				
7. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed.				
Title	Individual Name	Address		

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	DR PAUL H PEVSNER	PO BOX 612547 DALLAS, TX 75261-2547 USA	
TREASURER	TODD E HYATT	PO BOX 612547 DALLAS, TX 75261-2547 USA	
SECRETARY	TODD E HYATT	PO BOX 612547 DALLAS, TX 75261-2547 USA	
ASST. SECRETARY	MARSHA BROWN	PO BOX 612547 DALLAS, TX 75261-2547 USA	
DIRECTOR	DANELL NIXON	PO BOX 612547 DALLAS, TX 75261-2547 USA	
DIRECTOR	TODD E HYATT	PO BOX 612547 DALLAS, TX 75261-2547 USA	
DIRECTOR	DR PAUL H PEVSNSER	PO BOX 612547 DALLAS, TX 75261-2547 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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 1 Day of June, 2018 at 11:09:35 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 MARSHA BROWN

Signature of Authorized Person

Form No. 631 Revised 09/07

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