



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51481 2. Name of Corporation Silver Lake Annex Multi-Purpose Community Center
3. State of Incorporation Rhode Island 4. Corporate address in Rhode Island -Street Address 529 Plainfield Street City Providence Zip 02909-4445
5. Foreign corporation: Enter principal office address City State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

HUMAN SERVICES AGENCY

President Name
A. Vincent Igliazzi
Street Address
25 Legion Memorial Drive
City Providence State R.I. Zip 02909

Vice President Name
Ann Marie Cavolloro
Street Address
53 Knight Street
City Cranston State R.I. Zip 02920

Secretary Name
Street Address
City State Zip

Treasurer Name
Marc Castaldi
Street Address
75 King Philip Street
City Providence State R.I. Zip 02909

Director Name
Philip Almagno
Street Address
289 Pocasset Avenue
City Providence State R.I. Zip 02909

Director Name
Nicholas Simone
Street Address
26 Mercy Street
City Providence State R.I. Zip 02909

Director Name
Robert Rastelli
Street Address
39 Sophia Street
City Providence State R.I. Zip 02909

Director Name
Barbara Venticinque
Street Address
25 Ethan Street
City Providence State R.I. Zip 02909

Agent Name
Fred A. Santagata, Acting Exec. Director
Address
529 Plainfield Street

Address
City Providence Zip 02909-4445

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer [Signature] Date 7/20/07
A. Vincent Igliazzi
Print or Type Name of Officer
President
Title of Officer

FILED
File Date AUG 3 2007
Check No. 11-033329
By [Signature] 11:19
FOR SECRETARY OF STATE USE ONLY