

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2007

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R. June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

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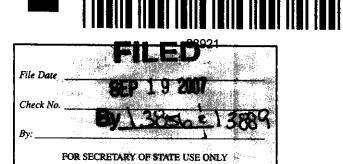
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1. Corporate ID No.	2. Name of Corporation							
28921	P.A.R.I. Independent Living Center, Inc.							
3. State of Incorporation		bode Island - Street Address	City	Ζίρ				
RHODE ISLAND	500 Prospe		Pawtuci	ket 02860				
5: Foreign corporation. Enter principal office address			City	State	Ζip			
6. Brief Description of the character of INDEPENDENT LIVING CE	of the affairs which are acti NTER PROVIDING DIF	ually conducted in Rhode Isl RECT SERVICES OF PI	and EOPLE WITH DISABILITIES IN R	HODE ISLAN	ID.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS								
President Name Ernest Letendre			Vice President Name Kathleen Leonard					
Street Address 14 Intervale Rd.			Street Address Park Row West, Apt. 417					
Smithfield	State RI	^{Zip} 02917	City Providence	State R I	^{Zip} 02903			
Secretary Name Louis Corvese, III			Treasurer Name Kathleen Fahey					
Street Address 220 Randall St.			Street Address 14 Intervale Rd.					
Cranston	State RI	<i>^{Zip}</i> 02920	City Smithfield	State RI	^{2ір} 02917			
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B	I EFORE USIN				
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	(RHODE ISLAND)	CORPORATION SHALL NOT B	E LESS THA	N THREE (3). R.I.G.L. 7-6-23			
Director Name Cynthia Lopes			Director Name James Pitassi					
Street Address 40 Sterling St.			Street Address 36 Maribeth Dr.					
City	State	Zip	City	State	Zip			
Pawtucket	RI	02860	Johnston	RT	02919			
Director Name Lynda Andrade			Director Name Hazel Doesschatte					
Street Address 7 Hayes St.			Street Address 68 Winslow Ave.					
City Johnston	State RI	^{Zip} 02911	City Warwick	State RI	^{Zip} 02886			
9. REGISTERED AGENT IN	RHODE ISLAND : DC	NOT ALTER - Chan	ges require filling of Form 64	1 - R.I.G.L.	7-6-13 / 7-6-78			
Agent Name			Address					
LEO CANUEL								
Address		110.0	City		Zip			
500 PROSPECT STREET			PAWTUCKET	02860				
This report must	be signed by either th	e President, Vice Pres	ident, Secretary, Assistant Secre	etarv. Treasu	rer. Receiver or Trustee			



	enalty of perjury				
report, in	ncluding any acc	ompanying	g schedules an	d stateme	nts, and that all
statemen	ts contained her	ein are truc	and correct.		1 1
9		1/2		9	7/10/07
Signature			-		Date
	ERNEST	- Le	TENDR	E	
Print or T	Type Name of Off				
	BOARD	Pres	<i>iDent</i>		