



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

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

AMENDED

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.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.

1. Corporate ID No. 107141		2. Name of Corporation Resident Services Development Team or Organization	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 1214 Cranston Street	
		City Cranston	Zip 02920
5. Foreign corporation. Enter principal office address		City	State
			Zip
5. Brief Description of the character of the affairs which are actually conducted in Rhode Island EDUCATION AND TRAINING OF RESIDENT SERVICES COORDINATORS.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name John Goncalves		Vice President Name Amy Alba	
Street Address Tower East-75 East Ave. Pawt.RI		Street Address 847 Park Ave. Cranston, RI 02920	
City Pawtucket	State RI	Zip 02860	City Cranston
			State RI
			Zip 02920
Secretary Name Lauren Yabut		Treasurer Name Lucille Racicot	
Street Address 50 Randall Street		Street Address 1214 Cranston Street	
City Providence	State RI	Zip 02904	City Cranston
			State RI
			Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23			
Director Name Paris Ledoux Comm.Chair		Director Name Lynn Nettleton, Committee Chair	
Street Address 300 Lambert Lind.Hwy.		Street Address University Heights	
City Warwick	State RI	Zip 02886	City Providence
			State RI
			Zip 02904
Director Name Melissa Husband		Director Name	
Street Address 44 Washington Street		Street Address	
City Providence	State RI	Zip 02903	City
			State
			Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name LUCILLE RACICOT		Address	
Address 1214 CRANSTON STREET		City CRANSTON	Zip 02920

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



107141

FILED

File Date
OCT 30 2007

By:

FOR SECRETARY OF STATE USE ONLY

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

Lucille Racicot

Print or Type Name of Officer

Treasurer

Title of Officer