

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 148 W. River Street Providence, RI 02904-2615 101.222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: 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 \$28.00.

to a penda, jee of 323.00.			··· · · · · · · · · · · · · · · · · ·		
1 Gorporate ID No. 26324	2. Name of Corporation Down Syndrome	, Society of Rhode Isla	and, Inc.		
3. State of Incorporation		rRbode Island - Street Add	1.1.1.1.1.1	City	Zip
RHODE ISLAND	99 Bald H	ill Road		Cranston	02920
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character TO PROVIDE SUPPORT I					
President Name	s of the officer	S: ("X" BOX FOR ATTA	CHMENT) SFILL IN SPACES	BEFORE USING ATTA	CHMENTS
Street Address 74 Mashuena Drive			Street Address 67 Debbie Drive		
City Warwick	State R I	Zip 02888	Cuy Cranston	State RI	^{Ζψ} 02921
Secretary Name Diane Cerep			Treasurer Name Lori Coleman		
Street Address 49 Lexington Avenue			Street Address 8 Virginia Road		
Cranston	Siale RI	^{Zip} 02910	Barrington	State RI	^{Ziji} 02806
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) E FILL IN SPACES	BEFORE USING ATTA	CHMENTS
THE NUMBER OF DIRECT	ORS OF A DOMEST	IC (RHODE ISLAND) CORPORATION SHALL NOT	BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23
Director Name Marilyn Blanche			Director Name Saadia Cicerone		
74 Mashuena Drive			Street Address 67 Debbie Drive		
Warwick	State R I	^{Zip} 02888	Cranston Cranston	State RI	^{Zip} 02921
Director Name Diane Cerep			Director Name Lori Coleman		
49 Lexington Avenue			Street Address 8 Virginia Road		
Cranston	State R I	^{Zip} 02910	Barrington	State RI	^{Zup} 02806
9. REGISTERED AGENT IN Agent Name MICHAEL J. CROCKER, ESQ		DÓ NOT ALTER - Cha	anges require filing of Form (641 · R.I.G.L. 7-6-13 /	⁷ 7-6-78
Address			City	Ζίρ	
1345 WARWICK AVENUE			WARWICK	20	2888
This report must	be signed by either	the President, Vice Pr	esident, Secretary, Assistant Sec	cretary, Treasurer, Rec	eiver or Trustec
	26324				that I have examined this and statements, and that all
File Date 6-15-0	7			nerein are true and correc	
652	, 7,		Signature of Office		Date
Check No.) 0	-	MARILY	U BLANC	HE
Bv:			Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY			PRESIDENT		
FOR SECRETARY OF ST	ALE USE UNLY		Title of Officer		Form 621 Day ()2/07
					Form 631 Rev. 03/07