117286

Matthew A. Brown, Secretary of State Corporations Division

Office of the Secretary of State				100 North Main Street, Providence, 10 02903-133 401,222 304	
NON-PROFIT	CORPORA	ATION ANNUA	AL REPORT FOR TH	IE YEAR 200)7
Filing Period: June 1					
(FORM MUST BE TYPED O	R PRINTED IN BL 2. Name of Co	•			
I. Corporate ID No. 117286		using Corporation			
3. State of Incorporation		- '	it Addinase	City	Ζιp
Rhode Island	4 Corporate address in Rhode Island -Street 7 Church Street		C CIMAL CON	Greenville	02828
	reign corporation: Enter principal office address		Chy	State	Zip
6. Brief Description of the ch					
Buy, sell real est elderly persons.	tate, lease,r	ent real estate fo	or the purpose of providir	g housing to lov	/-income and
7. NAMES AND ADDRE	ESSES OF THE C	OFFICERS ("X" BOX FO	R ATTACHMENT)	S BEFORE USING ATTA	ACHMENTS
Clare Fortin			Joseph Tudino		
Street Address			Street Address		
7 Church Street			915 Smith Street		 .
City	State	Zip	City	State	Zip
Greenville	RI	02828	Providence	RI	02908
Secretary Name			Treasurer Name Alfonse DiPetrillo	1	
James Barden, Sr	•			•	
Sirect Address 73 Smith Avenue			Sweet Address 11 Oakhurst Drive		
Chy	State	Zip	City	State	Zip
Greenville	ŘΙ	02828	Greenville	RI	02828
8, NAMES AND ADDRE	esses of the c	DIRECTORS ("X" BOX I	FOR ATTACHMENT) A FILL IN SPACE	ES BEFORE USING AT	TACHMENTS
	F DIRECTORS OF	A DOMESTIC (KHODE IS	LAND) CORPORATION SHALL NOT	BE LESS INAM INKEE	13/.R.I.G.L 7-0-23
Director Name			Director Name		
Janice Magliardi	ti		Lionel Jenkins		
Suggi Address			Street Address	χ.	
7 Church Street,	C107		43 John Mowry Road		
City	State	Zip	City	State	Ζην 02917
Greenville	RI	02828	Smithfield	RI	02317
Director Name			Director Name	_1_2	
Al Grocci			Claudette Kuligowa	5K.1	
Street Address			<i>Sweet Address</i> 12 Thibault trail		
3 Lookout Street	State	7:	Circ	State	Zip
Cm Greenville	RI	<i>Zip</i> 02828	Smithfield	RI	02917
			Changes require filling of Fo		
Agent Name	I IN KHODE ISI	LAND-DUNO! ALIER-	Address		11 1-0-10
Clare Fortin				_	
Address			City Zip		
7 Church Street			Greenville	02828	}
This report must be sig	ned in ink by c	ither the President, Vi	ce President, Secretary, Assistan	t Secretary, Treasure	a, Receiver or Truste
	7 2 8 6		Under penalty of perjury	, I declare and affirm tha	at I have examined

File Date	6-1-01
Check No.	1050
$B_{X^{*}}$	
FOR SECRET	ARY 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.

Clare Forth	5/29/07
Signature of Officer	Date

Clare Fortin

Print or Type Name of Officer President

Title of Officer

Form 631 Rev. 6.02