



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 120147		2. Name of Corporation CLIFFSIDE SERENITY			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 225 RUGGLES AVE unit # 1		City NEWPORT	Zip 02840
5. Foreign corporation. Enter principal office address none		City NONE	State NONE	Zip NONE	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island MEETING OF ALCOHOLIC ANONYMOUS - MAINTENANCE OF GROUP SOBRIETY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARGARET M'CAFFERTY			Vice President Name PETER SWEET		
Street Address 75 MARY ST			Street Address 225 RUGGLES AVE APT # 1		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name MARGARET M'CAFFERTY			Treasurer Name PETER SWEET		
Street Address 75 MARY ST			Street Address 225 RUGGLES AVE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 MARGARET NELSON			Director Name CHRISTOPHER VINES		
Street Address 78 PHELPS RD APT 7D			Street Address ONE RIVER RD.		
City MIDDLETOWN	State RI	Zip 02842	City NEWPORT	State RI	Zip 02840
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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 PETER SWEET			Address 225 RUGGLES AVE APT # 1		
Address 75 MARY ST			City NEWPORT	Zip 02840	

This report must be signed 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: MARGARET M'CAFFERTY Date: 6/21/08  
Print or Type Name of Officer: MARGARET M'CAFFERTY  
Title of Officer: PRESIDENT

File Date	<b>FILED</b>
Check No.	<b>JUN 24 2008</b>
By:	<u>1164</u>
FOR SECRETARY OF STATE USE ONLY	