



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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cc)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No 115241		2. Name of Corporation COMMUNITY LIVING OF RHODE ISLAND INCORPORATED			
3. Street Address Principal Business Office 349 CENTERVILLE ROAD, BLDG. # 6			City WARWICK	State RI	Zip 02886
4. Business Phone No (401) 739 - 9006		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDES SERVICES OT INDIVIDUALS WITH SPECIAL NEEDS IN RESIDENTIAL, DAY-PROGRAMS & SHARED LIVING ARRANGMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARY ONYEJOSE			Vice President Name JOSEPH ONYEJOSE		
Street Address 150 WATCH HILL DRIVE			Street Address 150 WATCH HILL DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name MARY ONYEJOSE			Treasurer Name JOSEPH ONYEJOSE		
Street Address 349 CENTERVILL ROAD, BLDG. # 6			Street Address 349 CENTERVILL ROAD, BLDG. # 6		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH ONYEJOSE			Director Name MARY ONYEJOSE		
Street Address 150 WATCH HILL DRIVE			Street Address 150 WATCH HILL DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares 1 \$1.00 PAR VALUE	Class Series	Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	1-26-09
Check No.	3252
By:	mnc
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: JOSEPH ONYEJOSE Date: 01/26/2009  
Print or Type Name  
CHAIRMAN/CFO  
Title