

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

109844						
		Gardens, Inc.				
3. State of Incorporation	4. Corporate ac	4. Corporate address in Rhode Island - Street Address City Zip			Ζip	
Rhode Island	10 Weybo	sset Street		Providence	02903	
5 Foreign corporation. Em	ter principal office addre	288	City	State	Zip	
6. Brief Description of the cha	racter of the affairs whi	ch are actually conducted in F	Rhode Island			
To provide elderly pers	sons with housing	facilities.				
President Name	ESSES OF THE OF	FICERS: ("X" BOX FOR A		PACES BEFORE USING ATT	ACHMENTS	
President Name Phillip L. Clay Street Address			Vice President Name Susan McCann Street Address			
						95 Berkeley Street
City	State	Ζιp	City	State	Zip	
Boston	MA	02116	Boston	MA	02116	
Secretary Name	*		Treasurer Name	1777	102110	
Holly Blais			Stephen H. Anth	ony		
Street Address			Street Address			
95 Berkeley Street			95 Berkeley Stre	et		
City	State	Zip	CRr	State	Zip	
Boston	MA	02116	Boston	MA	02116	
8. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING ATT	ACHMENTS	
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHA	<u>LL NOT BE LESS THAN THI</u>	REE (3). R.I.G.L. 7-6	
Director Name			Director Name			
Phillip L. Clay			Susan McCann			
Street Address			Street Address			
95 Berkeley Street			95 Berkeley Stre	et		
City De-1	State	Zip	City	· State	Zφ	
Boston	MA	02116	Boston	MA	02116	
Otrector Name Stanban H. Anthony			Director Name			
Street Address	Stephen H. Anthony					
Description			Street Address 95 Berkeley Street			
City	State	Zip	City			
Boston	MA	7.47	Boston	State MA	ZIP 1	
		ID - DO NOT ALTER - (Changes require filing of	Form 641 - R.I.G.L. 7-6-13	02116	
lgent Name			Address		3	
CT Corp						
1ddress			C#1	Zip	<u> </u>	
10 Weybosset Street			Providence	0290	, w	

1 0 9	8 4 4	Under penalty of perjury, I declare and report, including any accompanying sche	affirm that I have examined this dules and statements, and that all
File Date	FILED R 0 1 2009	statements contained herein are true and Pullip Zlew Signature of Officer	Date
By:FOR SECRETAR BY STATE	~~	Print or Type Name of Officer RUSCLUY Title of Officer	Form 631 Rev. 12/06