



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

Fee: \$20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000043028

2. Name of Corporation Welcome House of South County

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 8 NORTH ROAD

City or Town: PEACE DALE

State: RI

Zip: 02883 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PRIVATE NON PROFIT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	DAVID DAVID	483 HIGH ST PEACE DALE, RI 02879 USA
DIRECTOR	BOB MALTZ MD.	33 STEWART WAY WAKEFIELD, RI 02879 USA
PRESIDENT	DR. TERESA GREER MD	16 BANEBERRY TRAIL SAUNDERSTOWN, RI 02882- USA
DIRECTOR	JONATHAN KAUFMAN	29 OLD NORTH RD KINGSTON, RI 02881 USA
DIRECTOR	DEBORAH MARCOTTE	17 DAVID AVE WESTERLY, RI 02891 USA
DIRECTOR	KENNETH BURKE	28 SOUTH GLEN COURT SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	TERRY SOMERS	47 ENFIELD AVE WICKFORD, RI 02852 USA
DIRECTOR	KIMBERLY KAINE	13 PAUL AVE WAKEFIELD, RI 02879 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DR. TERESA GREER 8 NORTH ROAD PEACE DALE , RI 02883

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 7 Day of May, 2009 at 3:10:09 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By TERESA GREER, MD

Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07