

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 2009

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.

permiss fee of \$25.00.							
1. Corporate ID No.	2. Name of Cor	2. Name of Corporation					
137156	MALM MAI	NOR, INC.					
3. State of Incorporation	4. Corporate ad	d. Corporate address in Rhode Island - Street Address Gip Zip					
Rhode Island	18 Parkis /	Avenue		Providence	02907		
5. Foreign corporation. Enter principal office address			City	State	Ζφ		
6. Brief Description of the cb	aracter of the affairs whi	ch are actually conducted in R	Prode Island				
To provide elderly or needs.	disabled persons w	ith housing facilities and	d services specifically designer		=		
President Name			Vice President Name				
Kathy Grant			Rev. Raymond Malm				
Street Address 41 Saint James Plac	ce		Street Address 239 Oxford Street				
City	State	Zip	City	State	Zip		
Attleboro	MA	02703	Providence	RI	02905		
Secretary Name Paul Fitzgerald			Paul Fitzgerald				
Street Address 102 Arnold Road			102 Arnold Road				
СИр	State	Zip	City	State	Zip		
Cranston	RI	02905	Cranston	RI	02905		
8. NAMES AND ADDR	ESSES OF THE DIF	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	ACES BEFORE USING ATTA	CHMENTS		
THE NUMBER OF DII	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Sister Anne Keefe			Rev. Raymond Malm				
Street Address			Street Address				
239 Oxford Street			239 Oxford Street				
Citi	State	Zip	СИу	State	Zip		
Providence	RI	02905	Providence	RI	02905		
Director Name Kathy Grant		_	Director Name				
Street Address 41 Saint James Plac	ce		Street Address		, , , , , , , , , , , , , , , , , , ,		
City	State	Zip	City·	State	Zif		
Attleboro 9. registered agen	MA T IN NHODE ISLAI	02703	1				
This information is curre	ently of record in the	Office of the Secretary of	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-13	3/7-6-78		
			e President, Secretary, Assista				
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File Date	5-18-09
Check No.	0214'
Ву:	mnc
FOF	R SECRETARY OF STATE USE ONLY

137156

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 Office Date

Print or Type Name of Officer

Title of Officer Form 631 Rev. 09/17