

**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

[| LOGOUT |](#)**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30



Help with this form

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.** 000108148**2. Name of Corporation** HANCOCK ESTATES CORP.**3. State of Incorporation**State: RI**4. Corporate Address in Rhode Island**No. and Street: 345 HANCOCK STREETCity or Town: TIVERTONState: RI Zip: 02878Country: 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**

TO PROVIDE ELDERLY OR DISABLED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

**FILED**  
MAY 22 2009

7-6-23

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	EDWARD F MULHOLLAND	573 MENDON ROAD, SUITE 3 CUMBERLAND, RI 02864- USA
<input type="checkbox"/>	DIRECTOR	EUGENE MCMAHON	895 MENDON ROAD CUMBERLAND, RI 02864 USA

President

Title: President

First Name: Edward

Middle Name: F

Last Name: Mulholland

Suffix:

Address: 895 Mendon Road

City: Cumberland

State: RI

Zip: 02864

Country: US

Clear

Add

**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**

ALBERT B. WEST, ESQ. 3460 MENDON ROAD CUMBERLAND, RI 02864-

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

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Peter Bouchard

Business Name: Valley Affordable Housing Corp

No. and Street: 895 Mendon Road

- Same Address as -

City or Town: Cumberland

State: RI

Zip: 02864

Country: US

Contact Phone: 401-334-2802 ext: 14

Contact Email: brenaud@valleyaffordable.org

Clear

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

**Signed this 13 Day of May, 2009 at 10:38:34 AM. 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

*Edward F Mulholland*  
 Signature of Officer of the Corporation

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

**FILED**

MAY 22 2009