



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

# 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.

1. Corporate ID No. <b>56144</b>		2. Name of Corporation <b>CCARE OF RHODE-ISLAND (CITIZEN-FOR-AIR-AND-RECLAIMING-OUR ENVIRONMENT)</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>4241 FLAT RIVER ROAD</b>		City <b>TOWN GREENE-RI</b>	Zip <b>02827</b>
5. Foreign corporation. Enter principal office address <b>N/A</b>		City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>TO PROTECT, PRESERVE AND ENHANCEMENT OF THE STATE ENVIRONMENT</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DAVID T FARIA</b>			Vice President Name <b>DOLORES M BASILE</b>		
Street Address <b>4241 FLAT RIVER ROAD</b>			Street Address <b>28 BELLEVUE BLVD.</b>		
City <b>TOWN GREENE</b>	State <b>RI</b>	Zip <b>02827</b>	City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>
Secretary Name <b>ALISON GUERTIN</b>			Treasurer Name <b>WILLIAM ELLINWOOD II</b>		
Street Address <b>9 TIGER LILY DR.</b>			Street Address <b>104 BAILEY STREET</b>		
City <b>ROHOBOTH</b>	State <b>MASS.</b>	Zip <b>02769</b>	City <b>RUMFORD</b>	State <b>R.I.</b>	Zip <b>02916</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>DAVID T FARIA</b>			Director Name <b>DOLORES M BASILE</b>		
Street Address <b>4241 FLAT RIVER ROAD</b>			Street Address <b>28 BELLEVUE BLVD.</b>		
City <b>TOWN GREENE</b>	State <b>RI</b>	Zip <b>02827</b>	City <b>RUMFORD</b>	State <b>R.I.</b>	Zip <b>02827</b>
Director Name <b>ALISON GUERTIN</b>			Director Name <b>WILLIAM ELLINWOOD II</b>		
Street Address <b>9 TIGER LILY DR.</b>			Street Address <b>104 BAILEY STREET</b>		
City <b>ROHOBOTH</b>	State <b>MASS.</b>	Zip <b>02769</b>	City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

<b>FILED</b>	
File Date	<b>JUN 02 2009</b>
Check No.	<b>By 3021</b>
By:	
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.

**David T Faria** 5/30/02  
Signature of Officer Date

**DAVID T FARIA**  
Print or Type Name of Officer

**PRESIDENT OF CCARE OF RI**  
Title of Officer