

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

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.	2. Name of Corporation				
125163	Oakmont Community Resources, Inc				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Ζip
Rhode Island	209 Cottage \$	Street		Pawtucket	02860
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character	r of the affairs which a	re actually conducted in Ri	hode Island	·	
Provider of residential serv	rices to the Depar	rtment of Children Yo	uth & Families ( DCYF )		
7. NAMES AND ADDRESSE	S OF THE OFFIC	ERS: (*X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING ATTA	ACHMENTS
President Name			Vice President Name		
Daniel A. Brito			None		
Street Address			Street Address		
209 Cottage Street				,	
Сйу	State	Ζψ	City	State	Zip
Pawtucket	RI	02860			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip)	City	State	Zψ
8. NAMES AND ADDRESSE	S OF THE DIREC	 CTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SP.	ACES BEFORE USING ATT	ACHMENTS
THE NUMBER OF DIRECT	ORS OF A DOMI	ESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
John Brito			Arilinda Pires		
Street Address			Street Address		
209 Cottage Street			4 Crown Street		
Gity	State	Zij)	City	State	Zip
Pawtucket	RI	02860	Providence	RI	02903
Director Name			Director Name		
Ivonne Da Silva					
Street Address			Street Address		
160 Bourne Avenue					
City	State	Zij)	City	State	Zψ
Rumford	RI	02916			
9. REGISTERED AGENT IN	RHODE ISLAND				
This information is currently	of record in the C	Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	13/7-6-78
This report mus	st be signed by eit	ther the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer, Re	eceiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all
File DateEILED	statements contained herein are the and correct.
	Signature of Officer Date
Check No. JUN 9 2009	Daniel A. Brito
By - 2006	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
TOR BECKETARY OF STATE USE ONE!	Title of Officer