

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

Form 631 Rev. 09/17

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>81</b> 1 <b>87</b>	2. Name of Corporation  AHCRA 7	US-T INV				
3. State of Incorporation	4. Corporate address in R	45-II INC hode Island - Street Address	* ,	City	Zip	
R.t.	87 GIR	ARD AVENU	l E	NEWPORT	02840	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla			<u> </u> nd			
HUD ELDERLY HOUSING						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
GEORGE ANAGNOSTOS			Street Address			
Street Address 158 ETHEL DRIVE			52 CHARLES STREET			
PORTSMOUTH Secretary Name	State RI	02871	NEWPORT	State R[	02842	
Secretary Name CHRISTOS PSILOS			Treasurer Name HARRY KOULOUVARDIS			
Street Address 124 RIVER RUN ROAD			Street Address 46 WYNDHAM HILL ROAD			
MIDDLETOWN	State RI	02842	MIDDLETOWN	State RI	74 07842	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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	ORS OF A DOMESTR	. (RHODE ISLAND) C	Director Name	DE LESS THAN THREE	(3). K.I.G.L. /-0-23	
DEMETRIOS GEORGIOU			CHRLS CHRISTOPHER			
Street Address 7 MAID FOR	LD RIVER	ROAD	Street Address HD TOPPA	BOULEVAR		
CHY MIDDLETOWN	State RI	<sup>Zip</sup> ○2842	NEWPORT	State RI	02840	
Director Name CONSTANTINE HOLOGGITAS			PAUL COTSORIDIS			
Streel Address 448 BROADWAY			Street Address 323 BROADWAY			
NEW PORT	State	02840	NEWPORT		<sup>21p</sup> 02840	
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						

	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.
File DateFILED	George anoguster 6/23/0
	Signature of Officer Date
Check No. JUN 2 6 2009	GEORGE ANAGNOSTOS
By: 67/2)	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT
	Title of Officer
	E (31 B 00/15