

FOR SECRETARY OF STATE USE ONLY

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. 67868		Name of Corporation Rhode Island Association of Facilities and Services for the Aging Education Corporation				
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address			City Zip	
Rhode Island	225 CHAP	225 CHAPMAN STREET		Providence	02905	
5. Foreign corporation. Enter principal office address			City	State	Zip	
		ch are actually conducted in R				
To educate its member	rship and the publi	ic about not-for-profit he	ealth care, housing, and other se	ervices for the aging.		
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS	
President Name			Vice President Name	<u> </u>		
Kevin McKay			Cindy Conant-Arp			
Street Address			Street Address			
Tockwotton Home, 75 East Street			Hope Alzheimer's Center, 25 Brayton Avenue			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Cranston	RI	02920	
Secretary Name Sandra Cullen			Treasurer Name Matt Trimble			
Street Address						
Winslow Gardens, 40 Irving Avenue			Street Address Saint Elizabeth Home	Saint Elizabeth Home, One Saint Elizabeth Way		
City	State	Zip	City	State	Zip	
East Providence	RI	02914	East Greenwich	RI	02818	
			ATTACHMENT) I FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS	
			ND) CORPORATION <u>SHALL N</u>			
Director Name			Director Name			
Elizabeth Russell			Mary Beth Daigneau	Mary Beth Daigneault		
Street Address			Street Address	Street Address		
Saint Elizabeth Manor, 1 Dawn Hill			Saint Clare Home for	Saint Clare Home for the Aged, 309 Spring Street		
City	State	Ζip	City	State	Zip	
Bristol	Ri	02809	Newport	RI	02840	
Director Name Linda Tucker			Director Name David Volandor			
Street Address			David Velander			
Scandinavian Home, 1811 Broad Street			Street Address Linn Health Care Ctr., 30 Alexander Avenue			
City	State	Zip	City	State	Zip	
Cranston	RI	02905	East Providence	RI	02914	
9. REGISTERED AGENT			243(110)1401166	1100	102314	
This information is some		OFF CA S	10.00			
I his information is curre	intly of record in th	e Office of the Secretary	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-1	13/7-6-78	
This report	must be signed by	either the President, Vic	ce President, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee	
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6	7868	1				
— O	7000	Bv 0942	14 Under penalty of r	perjury, I declare and affire	n that I have examined th	
			report, including a	ny accompanying schedules	and statements, and that	
				ed herein are true and corre		
File Date			Vi W	16/a Au	ne 30 2009	
		H:Hu	18 6-700 Signalure of Officer	1 1	Date	
Check No.			Kevin Mo	cK(a/y		

AIO SNOTTANO AND Brint or Type Name of Officer
380 15 President

031/1038 Tuleof Officer