



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>69891</b>		2. Name of Corporation <b>VIRGINIA ASSOCIATION OF RI</b>	
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>27 MAWNEY STREET</b>	
		City <b>PROVIDENCE</b>	Zip <b>02907</b>
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>CARRING FOR PEOPLE IN THE COMMUNITY</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>NATHAN BIAH</b>		Vice President Name <b>BEATRICE RICHARDSON</b>	
Street Address <b>120 METCALF STREET</b>		Street Address <b>75 ALVIN STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02907</b>	
Secretary Name <b>EMMANUEL MOONE</b>		Treasurer Name <b>ALFRED YARWEN</b>	
Street Address <b>211 HANDOVER STREET</b>		Street Address <b>211 HANDOVER STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02907</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>MANUWA MOONE</b>		Director Name <b>ANTONETTE KAI</b>	
Street Address <b>27 MAWNEY STREET</b>		Street Address <b>60 CLAY STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PANTUCKET</b>	State <b>RI</b>
Zip <b>02907</b>		Zip <b>02660</b>	
Director Name <b>OLIVIA COOPER</b>		Director Name <b>HENRIETTA JEIT</b>	
Street Address <b>100 ATWELL AVE</b>		Street Address <b>29 MAWNEY STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02907</b>	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <b>MARTHA MOONE</b>		Address	
Address <b>27 MAWNEY STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02907</b>

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

FILED	
File Date	<b>JUL 29 2009</b>
Check No.	<b>015540</b>
By	<b>015540</b>
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.

Signature of Officer  
**ALFRED YARWEN**  
Date  
**2009 JUL 29 AM 10:21**  
Print or Type Name of Officer  
**TREASURER**  
Title of Officer