



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. 09891		2. Name of Corporation VIRGINIA ASSOCIATION OF RI	
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address 27 MAWNEY STREET	
		City PROVIDENCE	Zip 02907
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 Island CARRING FOR PEOPLE IN THE COMMUNITY			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name NATHAN BIAH		Vice President Name BEATRICE RICHARDSON	
Street Address 120 METCALF STREET		Street Address 75 ALVIN STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02904		Zip 02907	
Secretary Name ENMANUEL MOONE		Treasurer Name ALFRED YARWENT	
Street Address 211 HANOVER STREET		Street Address 211 HANOVER STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
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 MARLINA MOONE		Director Name ANTOINETTE KAI	
Street Address 27 MAWNEY STREET		Street Address 60 CLAY STREET	
City PROVIDENCE	State RI	City PAWTUCKET	State RI
Zip 02907		Zip 02660	
Director Name OLIVIA COOPER		Director Name HENRIETTA JEIT	
Street Address 100 ATWELL AVE		Street Address 29 MAWNEY STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		Zip 02907	
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 MARTHA MOONE		Address	
Address 27 MAWNEY STREET		City PROVIDENCE	Zip 02907

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

FILED

File Date **JUL 29 2009**

Check No. **015540**

By: **015540**

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 YARWENT** Date _____

Print or Type Name of Officer **TREASURER**

Title of Officer

12:01 PM 62 JUL 29 2009
RECEIVED
SECRETARY OF STATE