

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.

penalty fee of \$25.00.			1	1 2		
1. Corporate ID No. 2. Name of Corporation RAINBOW HOUSE						
3. State of Incorporation	4. Corporate address in R		s	City	Zip	
KI	165 BENG	3 Amms S	_	Telsotwag		
5. Foreign corporation. Enter prin	ncipal office address	·	City	State RI	0 3860	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
AFFORDABLE MANustring Housing Literaling Center,						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH						
President Name ALLAN McKinnon			Vice President Name			
Street Address Benjamin st			Street Address			
e protocket	State	078PD	City	State	Zip	
Secretary Name 50 Ann Dostune			Treasurer Name ALUAN McKinnon			
Street Address R. O. BOX 20136			Street Address 165 Benjamin A			
Cranator	State	0 2 930	todoctual	State	Zip D3/860	
8. NAMES AND ADDRESSE		S: ("X" BOX FOR ATTA			ACHMENTS	
THE NUMBER OF DIRECT	ORS OF A DOMESTIC	C (RHODE ISLAND)		OT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23	
Michael Dawa HEY			AUDW McKINNON			
Street Address 188 ELSie St			165 Benjamina			
City	State	Zip	City	State	Zip	
Copredon	127	05019	Powtockt	KI	09860	
Director Name Some O ostowi			Director Name			
Street Address P. O BOX 20136			Street Address			
City Cri anatrie)	State	0 2920	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND NUMBER 165 Gensamin of Phythical TO 02860 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 mus	t be signed by either t	he President, Vice Pre	sident, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee	
22000						

RAINBOW H PO Dox C Cranston P.	./1
Cranston FO	02310

FILED				
File Date OCT 2 0 2009				
By 5.385				
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm tha	t I have examined this
report, including any accompanying schedules and	statements, and that all
statements contained herein are true and correct.	16/17/09
Signature of Officer	Date
ALLAN MCKINNON	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	Form 631 Day 00/17
	Form 631 Rev. 09/17