

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street
Providence, RI 02904-2615

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its penalty fee of \$25.00.	annual report within the time presc	ribed by law (R.I.G.L. 7-6-9)	!) is subject to a	
1. Corporate ID No 894 2. Name of Corporation DOUGL. HI	iuse			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	Pure St.	City Prov. Z	B2904	
5. Foreign corporation. Enter principal office address	Сиу	State Zij	,	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Royal House is a Dobly house for men & women in recovery				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Karen Scott	Vice President Name 6	ney Clar	Le l	
Street Address 391 Blackstone, 91	Street Address 615 E	mwood	Ave.	
City MV. State BI 2102901	Cup PM.	State BI Zij	02807	
Secretary Name EMAL RISE	Treasurer Name VICTO	Clark	و	
Street Address & Prince ton St.	Sireel Address 431 +	ine ot		
8. NAMES AND ADDRESSES OF THE DIRECTORS: CX BOX FOR ATTACK	HMENTO FILL IN SPACES RE	State Zig	02907	
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 Victor Clarke	Director Name	vey Clay	٧٠.	
Street Address 431 Pine St	Street Address 1915 E	thwood	Ave	
City PM. State BI Zip 02.901	cuy Prov.	State BI Zi	02807	
Director Name Kuln Scott	Director Name FIM	K hove		
Street Address 391 Blackstone St.	Street Address St.,	nnceton	<i>5</i> †.	
9. REGISTERED AGENT IN RHODE ISLAND	cuy P10V .	State RI	02907	
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
File Date _FILED	statements contained freein are true and correct
Check NMAY 1 2 2010	Signature of Officer Clarke Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  THOWWELL
	Title of Officer Form 631 Rev. 09/17