



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 70724		2. Name of Corporation COALITION FOR COMMUNITY DEVELOPMENT			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 40 ABORN STREET 4TH FLOOR		City PROVIDENCE	Zip 02903
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 RELIEVING POVERTY, COMBATTING COMMUNITY DETERIORATION, LESSENING GOVERNMENTAL BURDENS.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ARNOLD B. CHACE, JR.			Vice President Name CLIFFORD WOOD		
Street Address 40 ABORN STREET, 4TH FLOOR			Street Address 40 ABORN STREET, 4TH FLOOR		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name STEPHEN DURKEE			Treasurer Name		
Street Address 40 ABORN STREET, 4TH FLOOR			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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 ARNOLD B. CHACE, JR.			Director Name CLIFFORD WOOD		
Street Address 40 ABORN STREET, 4TH FLOOR			Street Address 40 ABORN STREET, 4TH FLOOR		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name STEPHEN DURKEE			Director Name		
Street Address 40 ABORN STREET, 4TH FLOOR			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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 ARNOLD B. CHACE, JR.			Address		
Address 40 ABORN STREET, 4TH FLOOR			City PROVIDENCE	Zip 02903	

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

File Date _____ **FILED** _____
Check No. _____ JUN 08 2010 _____
By: _____ DS _____
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.

Arnold B. Chace, Jr. 6/21/10
Signature of Officer Date
ARNOLD B. CHACE, JR.
Print or Type Name of Officer
PRESIDENT
Title of Officer