



**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. 710724		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	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
Secretary Name JOHANNIE CHACE		Treasurer Name	
Street Address 40 ABORN STREET, 4TH FLOOR		Street Address	
City PROVIDENCE	State RI	City	State Zip
Zip 02903			
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	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
Director Name JOHANNIE CHACE		Director Name	
Street Address 40 ABORN STREET, 4TH FLOOR		Street Address	
City PROVIDENCE	State RI	City	State Zip
Zip 02903			
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** SS: 8 PM JUN 08 2010  
Check No. \_\_\_\_\_  
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