

A. Ruipis monts, secretary of state Corporations Divisio 148 W. River Stre

Providence, RI 02904-261 401.222.304

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 401.222.3 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 parallel fee of \$10.00.

to a penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
76724	COALITI	ON FOR	COMMUNITY I	DEVELOPM	ENT	
3 State of Incorporation	4. Corporate address in Ri	bode Island - Street Address	·	City	Zip	
RHODE ISLAND	44 ABOR	N STREET	City FIOUR	PROVIDENCE	02903	
5 Foreign corporation. Enter princ	apal office address		City	State	Zip	
6. Brief Description of the character of	of the affairs which are acti	ially conducted in Rhode Isla	and	- A	<u> </u>	
PELIEVING POVERTY COMBATTING COMMUNITY DETERIORATION,						
RELIEVING POVERTY COMBATTING COMMUNITY DETERIORATION, LESSENING GOVERNMENTAL BURDENS.						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS						
President Name		1-	Vice President Name			
4PNOUD B. CHACE JR.			CLIFFORD MOOD			
Street Address	From 1	HH FINA	Street Address	s 1/	+4 = -	
GIV FIBURAT	5/14/1-1 9	HH FIOOR	City	STREETST 4	FIOOR	
PROVIDENCE	R1	02903	PROVIDENCE	STREET, 4	0 29 03	
Secretary Name			Treasurer Name	<u> </u>		
MICHAEL C	0F-50					
Street Address	 :		Street Address			
44 ABORN S	TREET, 4	th FICOR				
City	State	Zip	City	State	Zip	
PROVIDENCE	K-1	02903				
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTACH	MENTS	
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			Director Name		(0)	
ARNOLD B. CHACE, JR.			CLIFFORD KIDOD			
			Stroot Address	out Address		
410 ARDEN S	TREET 4+	7 FIDDR	Ula AZNEA	STREET 4+1	FINA	
City:	State	Zib	City	State	Zin	
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903	
Director Name			Director Name			
MICHAEL C	ORSO					
Street Address			Street Address			
46 ABORA	STREET 4	HA FICOR				
46 ABORA CHY PROVIDENCE	State	Zip	City	State	Zip	
PROVIDENCE	721	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			Address			
ARNOLD B. Address 400 ABORN S	CHACEJR	- ·				
Address		. .	City ,	Zip		
410 ABORN S	TREET UH	4 FIOOR	PROVIDENCE	OZ	.903	
This report must	be signed by either th	e President, Vice Presi	dent, Secretary, Assistant Secr	etary, Treasurer, Receiv	er or Trustee	

	Under penalty of perjury, I declare and affind that I report, including any accompanying schedules and sta	
FILED File Date	statements dontained terein are true and correct.	6/2/
Check No	SS: 2 Hd E-MARRANGE OF OFFICER ARNOLD, B, CHACE	Date JR.
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer PRESIDENT	
FOR SECRETARY OF STATE OSE ONLY	Title of Officer	