

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 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

penatry fee of \$25.00.				•	<i>j</i>		
1. Corporate ID No.	2. Name of Co.	2. Name of Corporation					
57268	Rhode Isla	Rhode Island Association of Facilities and Services for the Aging					
3. State of Incorporation	4 Corporate au	ldress in Rhode Island – Street Addi	GC.	City	Zip		
Rhode Island		man Street		Providence	02905		
5. Foreign corporation. Enter principal office address			Сйу	State	Zip		
6. Brief Description of the cha	racter of the affairs wh	ich are actually conducted in Rhode	Island				
		operation between non-prof					
				ES DELODE HOING ATTA	CHERTAIMO		
President Name			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name				
Kevin McKay			Cindy Conant-Arp				
Street Address			Street Address				
Tockwotton Home, 75 East Street			Hope Alzheimer's Center, 25 Brayton Avenue				
City	State	Zip	City	State	Zip		
Providence	RI	02903	Cranston	RI	02920		
Secretary Name			Treasurer Name				
Sandra Cullen			Matt Trimble				
Street Address			Street Address				
Winslow Gardens, 4	0 Irving Avenue		Saint Elizabeth Home, One Saint Elizabeth Way				
City	State	Zip	Ciff):	State	Zip		
East Providence	RI	02914	East Greenwich	RI	02818		
8. NAMES AND ADDRI	ESSES OF THE DI	RECTORS: ("X" BOX FOR ATT	ACHMENT) 🚺 FILL IN SPAC	ES BEFORE USING ATTA	ACHMENTS		
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLAND)	CORPORATION SHALL N	OT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Dottie Santagata			Wendy Fargnoli				
Street Address			Street Address				
Cornerstone Adult Services, Inc. 140 Warwick Neck Road			Saint Antoine Residence, 400 Mendon Road				
City	State	Zip	City	State	Zip		
Warwick	RI	02889	North Smithfield	RI	02895		
Director Name			Director Name				
Deborah Beard, Administrator			Sister Catherine Frain, Administrator				
Street Address			Street Address Jeanne Jugan Residence, 964 Main Street				
Mount Saint Rita Health Center, 15 Sumner Brown Road							
City	State	Zip	Ciţ	State	Zip		
Cumberland	RI	02864	Pawtucket	RI	02860		
9. REGISTERED AGENT	I IN RHODE ISLA	NU					
This information is curre	ntly of record in th	e Office of the Secretary of St	ate. Changes require filing of	Form 641 - R.I.G.L. 7-6-11	3/7-6-78		
This report	must be signed by	either the President, Vice Pr	esident, Secretary, Assistant	Secretary, Treasurer, Rec	eiver or Trustee		

File Date	FILED	
Check No.	IUN 2 8 2010	_
By:By	1185	
	FOR SECRETARY OF STATE USE ONLY	

57268

Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and stat	have examined this ements, and that all
statements contained herein are true and correct.	المحالا
Signature for Officer Covent- arb	Date
Print of Type plane of Officer	
Title of Officer	