



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000415185

2. Name of Corporation Maple Root Ramblewood Corp.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2155 NOOSENECK HILL ROAD

City or Town: COVENTRY

State: RI Zip: 02816 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 505 TIOGUE AVE.

City or Town: COVENTRY State: RI Zip: 02816 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO BUY, SELL, OWN, LEASE, RENT AND OPERATE REAL ESTATE AND OTHER
PROPERTY CONSISTENT WITH PROVIDING AFFORDABLE HOUSING IN KENT COUNTY,
RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

FILED

FEB 8 2011 3:06

By Comptroller # 110234

KMC

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL CUDEMI	2155 NOOSENECK HILL ROAD COVENTRY, RI 02816 USA
VICE PRESIDENT	MARK TAYLOR	2155 NOOSENECK HILL EOS COVENTRY, RI 02816 USA
VICE PRESIDENT	PATRICK J SULLIVAN	505 TIOGUE AVE. COVENTRY, RI 02816 USA
DIRECTOR	PAUL MCCARTHY	2155 NOOSENECK HILL ROAD COVENTRY, RI 02816 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PATRICK J. SULLIVAN 505 TIOGUE AVENUE COVENTRY , RI 02816

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

Signed this 8 Day of February, 2011 at 3:06:30 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PATRICK J. SULLIVAN
Signature of Officer of the Corporation

☐ President or ☒ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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