



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3010

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 35920		2. Name of Corporation Parents and Friends for Alternate Living		
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 96 Rolfe St		City Cranston
				Zip 02910
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 EDUCATION TRAINING AND ADVOCACY FOR PEOPLE WITH DISABILITIES AND THEIR FAMILIES.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Pam Goes			Vice President Name Joan Schinse	
Street Address 3445 Post Rd			Street Address Old Scituate Rd	
City Warwick	State RI	Zip 02886	City Wolpe	State RI
Secretary Name Connie Gomes			Treasurer Name Paul Richard	
Street Address 130 Forestwood Dr			Street Address 9 Briarhill Rd	
City N. Providence	State RI	Zip 02904	City N. Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" 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 Barbara Kibup			Director Name Michael Andrade	
Street Address 22 Little Woods Path			Street Address 17 Boyle Ave	
City Wolfeboro	State RI	Zip 02879	City Cumberland	State RI
Director Name Paula Agins			Director Name Jean Hien	
Street Address 14 Greenman Ave			Street Address 167 Aqueduct Rd.	
City Westerly	State RI	Zip 02891	City Cranston	State RI
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			Address	
Agent Name DOREEN MCCONAGHY				
Address 96 ROLFE STREET			City CRANSTON	Zip 02910

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



35920

File Date 9/15/05  
Check No. 9502  
By: DA  
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.

Pamela Goes 8/13/05  
Signature of Officer Date  
Pamela Goes  
Print or Type Name of Officer  
President  
Title of Officer

Ms. Carol Shelton  
90 Davidson Rd  
Warwick, RI 02886