RI SOS Filing Number: 201178017630 Date: 04/15/2011 10:54 AM

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. 000140300

2. Name of Corporation Caraid House, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 130 BELLEVUE AVENUE, UNIT 2
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

PROVIDING LIVING AND LEARNING OPPORTUNITIES FOR PEOPLE WITH DEVELOPMENT DISABILITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHYLEENE OCONNOR	72 BEAGLE DRIVE MIDDLETOWN, RI 02842 USA
TREASURER	ERIN JANTZ	VANDALENSTR 5 MUNICH, MU 81925 DEU
SECRETARY	BETH LEYS	47 HORNER ST. NEWPORT, RI 02840 USA
VICE PRESIDENT	KATHRYN ROK	58 MALEE TERRACE PORTSMOUTH, RI 02871 USA
DIRECTOR	KATHRYN ROK	58 MALEE TERRACE PORTSMOUTH, RI 02871 USA
DIRECTOR	CHYLEENE OCONNOR	72 BEAGLE DR. MIDDLETOWN, RI 02842 USA
DIRECTOR	BETH LEYS	47 HORNER ST. NEWPORT, RI 02840 USA
DIRECTOR	ERIN JANTZ	VANDALENSTR 5 MUNICH, 81925 DEU
DIRECTOR	PAUL CONNERY	19 WOOD POINT ROAD WEST HARTFORD, CT 06107 USA
DIRECTOR	KEELY CONNERY	19 WOOD POINT ROAD WEST HARTFORD, CT 06107 USA
DIRECTOR	TARA FRATES	1322 18TH STREET #5 SANTA MONICA, CA 90404 USA
DIRECTOR	MACRINA HJERPE	FLEET GCG, RIDE03602L, 100 WESTMINSTER ST. PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN OCONNER	72 BEAGLE DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	PETER BRENT REGAN	28 SOUTH ACACIA DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	JOHN ROK	58 MALEE TERRACE PORTSMOUTH, RI 02871 USA
DIRECTOR	DEIRDRE SHOPE	807 AMBERLINE DRIVE CHESAPEAKE, VA 23322 USA
DIRECTOR	TIMOTHY SHOPE, MD	807 AMBERLINE DRIVE CHESAPEAKE, VA 23322 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

PETER BRENT REGAN, ESQ. 130 BELLEVUE AVENUE NEWPORT , RI 02840-

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

Signed this 15 Day of April, 2011 at 10:55:58 AM. *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 CHYLEENE OCONNOR
Signature of Officer of the Corporation

X 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