RI SOS Filing Number: 201179169950 Date: 05/20/2011 4:52 PM

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. 000031621

2. Name of Corporation Portsmouth Multi-Purpose Senior Center, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 202, 110 BRISTOL FERRY ROAD
City or Town: PORTSMOUTH State: RI Zip: 02871-0202 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

SOCIAL,RECREATIONAL AND EDUCATIONAL SENIOR SERVICES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	KARL P GERHARD MR	264 TAYLOR RD PORTSMOUTH, RI 02871 USA
TREASURER	PAUL ST. LAURENT MR	62 BROWN TERRACE PORTSMOUTH, RI 02871 USA
SECRETARY	SUSAN RESARE	79 MOHAWK DR PORSMOUTH, RI 02871 USA
VICE PRESIDENT	EDMUND B SILVERIA MR	161 MIDDLE RD PORTSMOUTH, RI 02878 USA
DIRECTOR	WILLIAM MEDEIROS MR	290 FOREST AVE MIDDLETOWN, RI 02842 USA
DIRECTOR	CYNTHIA J KONIECKI MS	45 ALAN ST TIVERTON, RI 02878 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

CYNTHIA J. KONIECKI 110 BRISTOL FERRY ROAD P.O. BOX 202 PORTSMOUTH , RI 02871

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

Signed this 20 Day of May, 2011 at 4:58:46 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 KARL GERHARD
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