



**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. 000525102

2. Name of Corporation DownCity Design

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 48 HAMMOND ST

City or Town: PROVIDENCE

State: RI

Zip: 02909 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

TO ENHANCE CIVIC LIFE WHILE CREATING HANDS-ON EXPERIMENTAL LEARNING OPPORTUNITIES FOR YOUNG PEOPLE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MANUEL CORDERO ALVARADO	48 HAMMOND ST PROVIDENCE, RI 02909 USA
TREASURER	JAMES R WILSON	70 SPENCER AVE E. GREENWICH, RI 02818 USA
VICE PRESIDENT	ADRIENNE GAGNON	48 HAMMOND ST PROVIDENCE, RI 02909 USA
DIRECTOR	OLGA MESA	21 BIANCO COURT PROVIDENCE, RI 02909 USA
DIRECTOR	MICHAEL UDRIS	46 BRIGHTON ST PROVIDENCE, RI 02909 USA
DIRECTOR	JASON PATCH	51 HARRISON ST PROVIDENCE, RI 02909 USA
DIRECTOR	BRIAN GOLDBERG	P.O. BOX 2656 PROVIDENCE, RI 02906 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

ADRIENNE GAGNON 48 HAMMOND STREET PROVIDENCE , RI 02909

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

Signed this 11 Day of June, 2011 at 10:04:15 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 ADRIENNE GAGNON
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