

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.	/-0-94, each corporatio	n jaung or rejusing to jue	us annual report within the un	te prescribea by this (R.I.G.L. /	-0- <i>51)</i> B shojeti to u
1. Corporate ID No. 129 587	Senior Serving The Chimunity				
3. State of Incorporation RI	4. Corporate address i	n Rhode Island Street Addr Ton St	ess /	Coventry	028
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the chara	(d//-)	ante alle over designed to Dheede	Interest		
99515T T	ho needy wi	the ford, mon	of advise		
7. NAMES AND ADDRES	SSES OF THE OFFICE	RS: ("X" BOX FOR ATTA		CES BEFORE USING ATTAC	HMENTS
President Name DE DUNKING 5R			Vice President Name PWAVL DUNUNG		
Street Address 40 Pattou St			Bo Patton St		
City Cov	SIANE R I	02816	Cov	State R.I	02816
Secretary Name Wargaret M Dunning			Wandaret Dunning		
50 Pattin ST			Street Address Tton St		
Cat Cov	State RI	02816	COV	State P	82816
- · - · · · · · · · · · · · · · · · ·		ORS: ("X" BOX FOR AT		CES BEFORE USING ATTA	CHMENTS
THE NUMBER OF DIRE	ECTORS OF A DOMES	STIC (RHODE ISLAND	1	<u>NOT BE LESS THAN THRE</u>	<u>EE</u> (3). R.I.G.L. 7-6-23
Donald E Dunning			Edward Dunning		
Street Address & Talton St			Street Address Ratton St		
City Cov	State R D	2ip 02816	COV	State RI	24 S16
Director Name MANGAVET DUNNING			Donald Donning JR		
Sirver Address			Sirrey Address alton 35		
Co V	State RI I' IN RHODE ISLAND	24p 2416	Cuy	State 2 +	02816
		fice of the Secretary of S	State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-13	9/7-6-78 5
This report	must be signed by eith	ner the President, Vice I	President, Secretary, Assista	nt Secretary, Treasurer, Rec	eiver or Trustee

File Date	FILED	. (
Check No	1 6 2011	551
Ву	By Alli	
	FOR SECRETARY OF STATE USE ONLY	1

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.

Workell Lummung SR 6/16/1/Signature of Officer

Donald E Dumung SR 6/16/1/Signature of Officer**

Donald E Dumung SR 6/16/1/SIGNATURE SR 1/SIGNATURE SR 1/SIGNATURE

Print or Type Name of Officer President

Title of Officer

Form 631 Rev. 09/17