

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

401.222.3040

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.

permany jet of \$25.00.						
1. Corporate ID No.	2. Name of Con	2. Name of Corporation				
28199	Providence	Providence Building, sanitary and Educational Association				
3. State of Incorporation	4. Corporate ad	4. Corporate address in Rhode Island - Street Address			Zip	
Rhode Island	207 Cranst	207 Cranston Street			RI	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the cha	aracter of the affairs whi	ch are actually conducted in R	bode Island			
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT)	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Dr. Wayne J. Monta	gue		N/A			
Street Address			Street Address			
207 Cranston Street						
City	State	Zip	City	State	Zip	
Providence	RI	02907				
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			 <i>Attachment</i>)			
THE NUMBER OF DIR	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Dr. Wayne J. Montague			Anthony Sauro			
Street Address			Street Address			
207 Cranston Street			207 Cranston Street			
City	State	Zip	City	State	Zip	
Providence	RI	02907	Providence	RI	02907	
Director Name			Director Name			
Jimps G. Jean-Louis	S					
Street Address			Street Address			
207 Cranston Street	· ·				12	
City	State	Zip	City	State	Zip . —	
Providence	RI	02907	I	İ	'=	
9. REGISTERED AGEN					219 JUN 28 3/7-6-78 8	
-	ently of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78 🕳	
TOTAL '		241 41 75 73 77	D 11 0		. =	

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

Title of Officer

	28199
File Date	FILED
Check No.	JUN 28 2011
B) Fall	a 147387
I	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare an report, including any accompanying so statements contained herein are true of	chedules and statements, and that all
Signature of Officer	. Date
Dr. Wayne J. Montague	<i>L</i>
Print or Type Name of Officer	
President, PBSEA	