

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.232.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.

| penalty jee of \$25.00.                                | ×                           |                                                       |                                     |                               |                                |  |
|--------------------------------------------------------|-----------------------------|-------------------------------------------------------|-------------------------------------|-------------------------------|--------------------------------|--|
| 1. Corporate ID No.                                    | 2. Name of Con              | 2. Name of Corporation                                |                                     |                               |                                |  |
| 000028095                                              | Lucy's Hea                  | rth                                                   |                                     |                               |                                |  |
| 3. State of Incorporation                              | 4. Corporate ad             | 4. Corporate address in Rhode Island - Street Address |                                     |                               | Ztp                            |  |
| Rhode Island                                           | 913 West I                  | Main Road                                             |                                     | Middletown                    | 02842                          |  |
| 5. Foreign corporation. Enter principal office address |                             |                                                       | City                                | State                         | Zip                            |  |
|                                                        |                             |                                                       |                                     |                               |                                |  |
|                                                        | aracter of the affairs whic | h are actually conducted in F                         | thode Island                        |                               |                                |  |
| Homeless Shelter.                                      |                             |                                                       |                                     |                               |                                |  |
| 7. NAMES AND ADDR                                      | ESSES OF THE OF             | FICERS: ("X" BOX FOR A                                | TTACHMENT) [ FILL IN SPA            | CES BEFORE USING ATTA         | CHMENTS                        |  |
| President Name                                         |                             |                                                       | Vice President Name                 |                               | ·· - ···                       |  |
| Susan Erstling, PhD                                    | ).                          |                                                       | Margaret Holland-McDuff             |                               |                                |  |
| Street Address                                         |                             |                                                       | Street Address                      |                               |                                |  |
| 913 West Main Road                                     |                             |                                                       | 913 West Main Road                  |                               |                                |  |
| City                                                   | State                       | Zip                                                   | Cth                                 | State                         | Ζip                            |  |
| Middletown                                             | RI                          | 02842                                                 | Middletown                          | RI                            | 02842                          |  |
| Secretary Name                                         |                             |                                                       | Treasurer Name                      |                               |                                |  |
| N/A                                                    |                             |                                                       | Anthony H. Bliss                    |                               |                                |  |
| Street Address                                         |                             |                                                       | Street Address                      |                               |                                |  |
| City                                                   | State                       | Zip                                                   | 913 West Main Roa                   |                               | Lac                            |  |
| wiey .                                                 | Sitale                      | 2.47                                                  | 1 "                                 | State                         | $Z\psi$                        |  |
| 8. NAMES AND ADDR                                      | <br>  ESSES OF THE DID      | POTOBS. CEVE BOY FOR                                  | Middletown<br>  <i>Attachment</i> ) | RI                            | 02842                          |  |
|                                                        |                             |                                                       | ND) CORPORATION SHALL               |                               |                                |  |
| Director Name                                          | DOLORS OF A DO              | MESTIC (RITODE ISLA                                   | Director Name                       | NUI DE LESS THAN THE          | <u>EE</u> (3). K.1.G.L. /-0-23 |  |
| Susan Erstling, PhD.                                   |                             |                                                       |                                     |                               |                                |  |
| Street Address                                         |                             |                                                       | Anthony H. Bliss Street Address     |                               |                                |  |
| 913 West Main Road                                     |                             |                                                       | 913 West Main Road                  |                               |                                |  |
| City                                                   | State                       | Zψ                                                    | City -                              | State                         | Zip                            |  |
| Middletown                                             | RI                          | 02842                                                 | Middletown                          | RI                            | 02842                          |  |
| Director Name                                          |                             |                                                       | Director Name                       |                               |                                |  |
| Margaret Holland-M                                     | cDuff                       |                                                       |                                     |                               |                                |  |
| Street Address                                         |                             |                                                       | Street Address                      |                               |                                |  |
| 913 West Main Road                                     | d                           |                                                       |                                     |                               |                                |  |
| City:                                                  | State                       | Zip                                                   | City                                | State                         | Zip                            |  |
| Middletown                                             | RI                          | 02842                                                 | 1                                   |                               | 1                              |  |
| 9. REGISTERED AGEN                                     | T IN RHODE ISLAN            | ND ,                                                  |                                     |                               | ,                              |  |
| This information is curre                              | ently of record in the      | Office of the Secretary                               | of State. Changes require filing    | of Form 641 - R.L.G.L. 7-6-13 | 3/7-6-78                       |  |
| This report                                            | must be signed by           | either the President. Vic                             | e President, Secretary, Assista     | nt Secretary, Treasurer, Rec  | eiver or Trustee               |  |

| <b>—</b> 000028095                        | Under penalty of perjury, I declare and affirm that I have examined this                                                                                |  |  |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| File Date  JUN 28 2011  Check No.         | report, including any accompanying schedules and statements, and that all statements contained hereinnare time and correct.  Signature of Officer  Date |  |  |
| By: RY 3  FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Officer  1 REASURER  Tide of Officer                                                                                              |  |  |