



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2012

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.

1. Corporate ID No. 29502		2. Name of Corporation SOUTH PROVIDENCE HOMEOWNERS LOAN ASSOCIATION	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 400 RESERVOIR AVE SUITE 100 PROVIDENCE R.I. 02907	
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island GRANT MONEY TO THE NEED WITHOUT INTEREST			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name STEVEN LABUSH		Vice President Name ROBERT DINEEN	
Street Address 101 KENNEDY DRIVE		Street Address 69 MARIGOLD DRIVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02920		Zip 02889	
Secretary Name HERMAN WALLOCK		Treasurer Name STEPHAN TRAMER	
Street Address 32 FERNCREST AVE		Street Address 12 EDGE HILL AVE	
City CRAVSTON	State RI	City WARWICK	State RI
Zip 02901		Zip 02889	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name MICHAEL DINEEN		Director Name PITKIP GREENBERG	
Street Address 69 MARIGOLD DRIVE		Street Address 305 GREENWICH AVE APT 6-204	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02886	
Director Name SAROL BUCKLER		Director Name CARL LOFKOWITZ	
Street Address 250 B MAYFIELD AVE		Street Address 504 WOODHALL CT	
City CRAVSTON	State RI	City CRAVSTON	State RI
Zip 02920		Zip 02920	
9. REGISTERED AGENT IN RHODE ISLAND HERMAN WALLOCK 400 RESERVOIR AVE SUITE 100 PROVIDENCE, RI 02907			

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

FILED

File Date **MAY 15 2012**
Check No. **By [Signature] 7809**
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **[Signature]** Date _____
Print or Type Name of Officer **HERMAN WALLOCK**
Title of Officer **SECRETARY**