



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>121443</b>		2. Exact name of the Corporation <b>Wilson Street Apartments, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate Address in RI - Street Address <b>528 North Main Street</b>		City <b>Providence</b>	Zip <b>02904</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island <b>Ownership, operation and maintenance of HUD-financed apartments for chronically mentally ill.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Dale K. Klatzker, Ph.D.</b>			Vice-President Name		
Street Address <b>528 North Main Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>Patricia Cawley Affleck</b>			Treasurer Name <b>Joel Stark</b>		
Street Address <b>RI Dept. of Health, 3 Capitol Hill</b>			Street Address <b>137 Briarcliff Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Dale K. Klatzker, Ph.D.</b>			Director Name <b>Joel Stark</b>		
Street Address <b>528 North Main Street</b>			Street Address <b>137 Briarcliff Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name <b>Patricia Cawley Affleck</b>			Director Name		
Street Address <b>RI Dept. of Health, 3 Capitol Hill</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

By *[Signature]*

**FILED**

**MAY 21 2012**

*CR # 161151*

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

**Dale K. Klatzker, Ph.D.**

Print or Type Name of Officer

**President**

Title of Officer

*5/15/2012*  
Date