



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. 43214		2. Exact name of the Corporation Grandview Second Corporation			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 528 North Main Street		City Providence	Zip 02904
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Provide elderly persons and handicapped persons with housing facilities and services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dale K. Klatzker, Ph.D.			Vice-President Name		
Street Address 528 North Main Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Patricia Cawley Affleck			Treasurer Name Joel Stark		
Street Address RI Dept. of Health, 3 Capitol Hill			Street Address 137 Briarcliff Avenue		
City Providence	State RI	Zip 02908	City Warwick	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dale K. Klatzker, Ph.D.			Director Name Joel Stark		
Street Address 528 North Main Street			Street Address 137 Briarcliff Avenue		
City Providence	State RI	Zip 02904	City Warwick	State RI	Zip 02889
Director Name Patricia Cawley Affleck			Director Name		
Street Address RI Dept. of Health, 3 Capitol Hill			Street Address		
City Providence	State RI	Zip 02908	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 *MNC*

CA # 161151

Form No. 631
Revised: 01/2012

FILED

MAY 21 2012

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