



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/business

2012 JUN - 11 4:15
SECRETARY OF STATE
CORPORATIONS DIV

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. <u>24639</u>		2. Exact name of the Corporation <u>East Side Housing Corporation</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Provides elderly + handicapped with safe decent housing</u> <u>83 Doyle Avenue</u>	
5. Principal office address <u>83 Doyle Avenue</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>ALYSSA Smith</u>		Vice-President Name <u>Moshe GOLDEN</u>	
Street Address <u>14 Wild Flower Circle</u>		Street Address <u>220 Rockhamberg Ave</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02906</u>	
Secretary Name <u>Luisa OSBORNE</u>		Treasurer Name	
Street Address <u>28 Edgehill Road</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02906</u>		Zip	
7. 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 <u>ALYSSA Smith</u>		Director Name <u>Luisa OSBORNE</u>	
Street Address <u>14 Wild Flower Circle</u>		Street Address <u>28 Edgehill Road</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02906</u>	
Director Name <u>Moshe GOLDEN</u>		Director Name	
Street Address <u>220 Rockhamberg Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02906</u>		Zip	
8. 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

FILED

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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.

Alyssa Smith 6/1/2012
Signature of Officer Date

ALYSSA SMITH
Print or Type Name of Officer

President
Title of Officer