



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 - JUN 1 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. 246639		2. Exact name of the Corporation East Side Housing Corporation	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Provides elderly handicapped with safe decent housing 83 Doyle Avenue	
5. Principal office address 83 DOYLE AVENUE		City PROVIDENCE	State RI
		Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name ALYSSA SMITH		Vice-President Name MOSHE GOLDEN	
Street Address 14 Wild Flower Circle		Street Address 220 Rockhamberg Ave	
City WARWICK	State RI	Zip 02889	City PROVIDENCE
			State RI
			Zip 02906
Secretary Name Luisa Osborne		Treasurer Name	
Street Address 28 Edgehill Road		Street Address	
City PROVIDENCE	State RI	Zip 02906	City
			State
			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 ALYSSA SMITH		Director Name Luisa Osborne	
Street Address 14 Wild Flower Circle		Street Address 28 Edgehill Road	
City WARWICK	State RI	Zip 02889	City PROVIDENCE
			State RI
			Zip 02906
Director Name Moshe Golden		Director Name	
Street Address 220 Rockhamberg Ave		Street Address	
City PROVIDENCE	State RI	Zip 02906	City
			State
			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

JUN 01 2012

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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
 Signature of Officer

6/1/2012
 Date

ALYSSA SMITH
 Print or Type Name of Officer

President
 Title of Officer