

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

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

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.		<b></b>	unnuus report within the time pre		
Corporate ID No.  DOOD 27234  State of Incorporation  4. Corporate address in Rhode Island - Street Address  City Zip					
3. State of Incorporation				Johnston	02919
RI 1291 Hartford Avenue			City	State	
			, in the second	Siene	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
The Operation of a Senior Citizens Center					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS					
Lorraine Natale			President Name Anne Baccari		
Street Address.			Street Address		
Street Address. 9 Emerald Lane City State Zip			46 Dix Avenue		
Johnston	RI	<sup>zip</sup> 02919	Johnston	State RI	<sup>20</sup> 02919
Secretary Name Deborah McCauley			Buchaca, Graziano		
Street Address			Street Address Patricia Drive		
		Zip	City -	Tstate	7(p
Tohnston	State RI	02919	Johnston	RI	<sup>™</sup> 02919
8. NAMES AND ADDRESSES				BEFORE USING ATTAC	
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					
Ruth Camecon			Mary Cerra		
Street Address			Street Address		
58 Dix Aven	ue Istatos —	Zip -	1 915 Atwood	d Avenue	Zip a OC ( C
Johnston	RI	<sup>Zip</sup> 02919	Johnston	RI	<sup>17</sup> 02919
Director Name Kohart Grazi	ano		Director Name		
Street Address			Street Address		
G Latricia L	VIVE Isono	726	City	State	
Johnston	State RI	<sup>zip</sup> 02919	City	siaie	<b>管</b> 表流
9. REGISTERED AGENT IN RHODE ISLAND					
Lorraine Natale 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, Receives or Tristee					
		FILED C			= <\(\text{H}\)
JUN 2 7 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.					
File Date Clark A. Mc Cauley 6/27					
Signature of Officer  Check No					
			Deborah A. WcCawley Print or Type Name of Officer		
By:	PARE HOE COVER		Secretary	_	
FOR SECRETARY OF S	IALE USE ONLY		Title of Officer		Form 631 Rev. 09/17