



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

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. 36306		2. Exact name of the Corporation FEDERATION OF RHODE ISLAND MOBILE HOME OWNERS	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE LOW AND MODERATE INCOME HOUSING.	
5. Principal office address 45 Maplewood Dr.		City MAPLEVILLE	State RI
		Zip 02839	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name DOROTHY SLINEY		Vice-President Name ERNEST RUSACK	
Street Address 45 MAPLEWOOD DR		Street Address 102 Sherwood Valley Ln.	
City MAPLEVILLE	State RI	City COVENTRY	State RI
Zip 02839		Zip 02816	
Secretary Name GAIL TADDEO		Treasurer Name MARIA MONTECALVO	
Street Address P.O. Box 707		Street Address 660 BEVERAGE HILL AVE #26	
City CHARLOTTE	State RI	City PAWTUCKET	State RI
Zip 02814		Zip 02861	
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 DOROTHY SLINEY		Director Name ERNEST RUSACK	
Street Address 45 MAPLEWOOD DR.		Street Address 102 Sherwood Valley Ln.	
City MAPLEVILLE	State RI	City COVENTRY	State RI
Zip 02839		Zip 02816	
Director Name MARIA MONTECALVO		Director Name	
Street Address 660 BEVERAGE HILL AVE #26		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02861		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

FILED

JUL 13 2012

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Dorothy Sliney 7/10/12
 Signature of Officer Date

DOROTHY SLINEY
 Print or Type Name of Officer

PRESIDENT
 Title of Officer