



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 2013

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. 132159		2. Exact name of the Corporation Wildberry Apartments, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide elderly persons with housing facilities and services.			
5. Principal office address 861A Broad Street		City Providence	State RI	Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alma Felix Green			Vice-President Name Susan Aitcheson		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Michelle McKenzie			Treasurer Name Michelle McKenzie		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Sue Barker			Director Name Irwin Becker		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Gladys Betancur			Director Name Barbara Colt		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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

MAY 16 2013

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] _____ Date **5.8.2013**

Signature of Officer _____
 Print or Type Name of Officer **SUSAN AITCHESON**

Title of Officer **VICE PRESIDENT**

By *[Signature]*
 CA # 2487

Continuation of Annual Report Form

Corporate ID # 132159

Attachment

7. Names and addresses of the Directors

Name	Address
Julia Bush	861A Broad Street, Providence, RI 02907
Ashley Hahn	861A Broad Street, Providence, RI 02907

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MAY 16 2013

By *MNC*

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