



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. 36306		2. Exact name of the Corporation FEDERATION OF RHODE ISLAND MOBILE HOME OWNERS			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROMOTE LOW + MODERATE INCOME HOUSING TO INFORM HOME OWNERS OF THEIR RIGHTS			
5. Principal office address 45 MAPLEWOOD DRIVE		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 DRIVE			Street Address 102 SHERWOOD VALLEY LN		
City MAPLEVILLE	State RI	Zip 02839	City COVENTRY	State RT	Zip 02816
Secretary Name EDWARD MOQUIN			Treasurer Name MARIA MONTECALVO		
Street Address 979 TOLLGATE RD #4			Street Address 660 BEVERAGE HILL AVE #26		
City WARWICK	State RI	Zip 02886	City PAWTUCKET	State RI	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 EDWARD MOQUIN		
Street Address 45 MAPLEWOOD DRIVE			Street Address 979 TOLLGATE RD #4		
City MAPLEVILLE	State RI	Zip 02839	City WARWICK	State RI	Zip 02886
Director Name MARIA MONTECALVO			Director Name		
Street Address 660 BEVERAGE HILL AVE #26			Street Address		
City PAWTUCKET	State RI	Zip 02861	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

FILED

JUN 20 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.

File Date _____

Check No _____

By: _____

BY 1019 Charity Sliney Signature of Officer Date

FOR SECRETARY OF STATE USE ONLY

DOROTHY SLINEY Print or Type Name of Officer

President Title of Officer