



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
JUN 25 4 11 PM '13

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. 27938		2. Exact name of the Corporation Buffalo Home Ltd.	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Charity for local member in need 532 Lonsdale Ave.	
5. Principal office address Same		City Pawtucket	State RI
Zip 02860			
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Clinton Reynolds		Vice-President Name Antone Ferreira	
Street Address 52 Brewster St.		Street Address 1 Crane St	
City Pawtucket	State R.I.	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name William Silva		Treasurer Name Sylvan Loubier	
Street Address 52 Sterling St		Street Address 226 Park View	
City East Prov.	State RI	City Pawtucket	State RI
Zip 02914		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 Mark Hofkecht		Director Name Hector Mendez	
Street Address 2202 #5 Wake Robin Rd		Street Address 80 Benifit St	
City Lincoln	State RI	City Providence	State RI
Zip 02865		Zip 02904	
Director Name Robin Boillard		Director Name Michael Marshall	
Street Address 1 Arland St		Street Address 216 Palmer St	
City Pawtucket	State RI	City Albemarle	State N.C.
Zip 02861		Zip 28001	
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 25 2013

CH 20179

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 of Officer

Date

Print or Type Name of Officer

Title of Officer