

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.

| 39587 3. State of Incorporation Rhode Island 5. Principal office address 825 Chalkstone Avenue | 4. Brief des | • | r of business conducted in Rhode Is | land | | | | | | | |
|--|-----------------|------------------------|--|--------------------|----------------------|---------|--|--|--|--|--|
| Rhode Island 5. Principal office address | Hold Re | • | r of business conducted in Rhode Is | and | | | | | | | |
| 5. Principal office address | | al Estate | | | | | | | | | |
| 5. Principal office address 825 Chalkstone Avenue | | | | Hold Real Estate | | | | | | | |
| | | | City Providence | State RI | Zip 02908 | | | | | | |
| 6. LIST <u>ALL</u> OFFICERS (NAME | S AND ADDE | ESSES) ("X" BOX FO | OR ATTACHMENT) | | | | | | | | |
| President Name Kenneth H. Belcher | | | Vice-President Name | | | | | | | | |
| Street Address 825 Chalkstone Avenue | | | Street Address | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | |
| Providence | RI | 02908 | jon, y | 0.2.5 | | | | | | | |
| Secretary Name Donald C. McQueen | | | Treasurer Name Michael E. Conklin, Jr. | | | | | | | | |
| Street Address 3 Shady Lane | | | Street Address 200 High Service Avenue | | | | | | | | |
| City | State | Zip | City | State | Zip≘ | CM S | | | | | |
| Barrington | RI | 02806 | North Providence | RI | 02904 | SS S | | | | | |
| 7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMEN | MES AND ADD | PRESSES). RHODE IS | LAND CORPORATIONS MUST L | ST NO LESS THAN | THREE () D | RETURNS | | | | | |
| Director Name | | | Director Name | Director Name | | | | | | | |
| Kenneth H. Belcher | | | Donald C. McQueen | | | | | | | | |
| Street Address | | | Street Address 3 Shady Lane | | | | | | | | |
| 825 Chalkstone Avenue | | | 3 Shady Lane | | ယ္ | S | | | | | |
| City Providence | State RI | Zip 02908 | City Barrington | State RI | کنو 0260 6 | ATE | | | | | |
| Director Name Michael E. Conklin, Jr. | | | Director Name | | • | | | | | | |
| Street Address 200 High Service Avenue | | | Street Address | | | | | | | | |
| City North Providence | State RI | Zip 02806 | City | State | Zip | | | | | | |
| 8. REGISTERED AGENT IN RH | ODE ISLAND | | | | | | | | | | |
| This information is currently o | f record in the | e Office of the Secret | ary of State. Changes require filin | g Form 641. | | | | | | | |
| | | | resident, Secretary, Assistant Secre | | iver or Truste | e | | | | | |

| File Date | | 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. | | |
|---------------------------------|--------------|---|---------|--|
| Check No | | Mula | 6-21-13 | |
| By: | FILED | Signature of Officer | Date | |
| • | 1 ILLU | Kenneth H. Belcher | | |
| FOR SECRETARY OF STATE USE ONLY | JUN 24 2013 | Print or Type Name of Officer | | |
| Form No. 631 | 110 - 000001 | President and CEO | | |
| Revised: 05/2012 | 11.4M911 | Title of Officer | | |

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