



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. 505043		2. Exact name of the Corporation GEORGE GALEN WHEELER HOUSE, INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide elderly or disabled persons with housing facilities and services			
5. Principal office address 3188 Post Road		City Warwick	State RI	Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Linda Rhault		Vice-President Name Patrica Wegrzyn McGreen			
Street Address 173 Janice Road		Street Address 35 Beach Park Avenue			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Wanda Michaelson		Treasurer Name David Splaine			
Street Address 2 Gaspee Drive		Street Address 8 Terrace Drive			
City Warwick	State RI	Zip 02888	City East Greenwich	State RI	Zip 02818
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Linda Rhault		Director Name Patricia Wegrzyn McGreen			
Street Address 173 Janice Road		Street Address 35 Beach Park Avenue			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Wanda Michaelson		Director Name David Splaine			
Street Address 2 Gaspee Drive		Street Address 8 Terrace Drive			
City Warwick	State RI	Zip 02888	City East Greenwich	State RI	Zip 02818
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

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Form No. 631
Revised: 05/2012

JUN 26 2013

BY 3126

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.

Patricia Wegrzyn McGreen 5-27-13
 Signature of Officer Date
Patricia Wegrzyn McGreen
 Print or Type Name of Officer
Vice President
 Title of Officer

ATTACHMENT TO ANNUAL REPORT

Additional Directors:

Jean Johnson
95 Spring Hill Road
Kingston, RI 02881

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JUN 26 2013
BY 505043