



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. 55917		2. Exact name of the Corporation FEDERAL HOUSING ASSOCIATES			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island SPONSOR FOR NON PROFIT HOUSING FOR ELDERLY DISABLED VETERANS, LOW/MODERATE INCOME AND COMMUNITY SERVICES			
5. Principal office address 33 CLEN HILLS DRIVE		City CRAWSTON	State RI	Zip 02930	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (ATTACHMENT) ☐					
President Name ERIN K. ACETO		Vice-President Name MEGG REGER			
Street Address 7 LINDSAY LANE		Street Address 33 GREENWICH WAY			
City CRAWSTON	State RI	Zip 02921	City W. WARW.	State RI	Zip 02893
Secretary Name LESLIE HALEY		Treasurer Name KEVIN T. MALLOY			
Street Address BROADWAY		Street Address 33 CLEN HILLS DRIVE			
City PROV	State RI	Zip 02903	City CRAW	State RI	Zip 02930
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (ATTACHMENT) ☐					
Director Name ERIN K. ACETO		Director Name LESLIE HALEY			
Street Address 7 LINDSAY LANE		Street Address BROADWAY			
City CRAW	State RI	Zip 02921	City PROV	State RI	Zip 02903
Director Name Megg Reger		Director Name KEVIN T. MALLOY			
Street Address 33 GREENWICH WAY		Street Address 33 CLEN HILLS DR.			
City W. WARW.	State RI	Zip 02893	City CRAWSTON	State RI	Zip 02930
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 1222

JUL 30 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 of Officer

Date

Print or Type Name of Officer

KEVIN T. MALLOY
Treasurer/Director

File Date: _____
Check No: _____
By: _____
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