



**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. <b>645190</b>		2. Exact name of the Corporation <b>Providence Apartment Association</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To work on a non-profit basis to enhance the wellbeing of the City of Providence by advocating for sensible tax and fiscal policies that will foster a healthy housing market</b>			
5. Principal office address <b>317 Iron Horse Way, Suite 301</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Michael Patch</b>			Vice-President Name <b>N/A</b>		
Street Address <b>97 Emeline Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>John Dooley</b>			Treasurer Name <b>Thomas Lopardo</b>		
Street Address <b>85 Gold Mine Road</b>			Street Address <b>7 Strawberry Lane</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
<b>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"/></b>					
Director Name <b>Michael Patch</b>			Director Name <b>John Dooley</b>		
Street Address <b>97 Emeline Street</b>			Street Address <b>85 Gold Mine Road</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
Director Name <b>Thomas Lopardo</b>			Director Name		
Street Address <b>7 Strawberry Lane</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**

**AUG 21 2013**

BY CA 204249

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

*John Dooley*  
Date

Print or Type Name of Officer

*Treasurer*

Title of Officer

2013 AUG 21 PM 3:38  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
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