



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.

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|--|--------------------|---|--|--------------------|---------------------|
| 1. Entity ID No. 645190 | | 2. Exact name of the Corporation Providence Apartment Association | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island 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 | | | |
| 5. Principal office address 317 Iron Horse Way, Suite 301 | | | City Providence | State RI | Zip 02908 |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Michael Patch | | | Vice-President Name N/A | | |
| Street Address 97 Emeline Street | | | Street Address | | |
| City Providence | State RI | Zip 02906 | City | State | Zip |
| Secretary Name John Dooley | | | Treasurer Name Thomas Lopardo | | |
| Street Address 85 Gold Mine Road | | | Street Address 7 Strawberry Lane | | |
| City Chepachet | State RI | Zip 02814 | City Johnston | State RI | Zip 02919 |
| 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 Michael Patch | | | Director Name John Dooley | | |
| Street Address 97 Emeline Street | | | Street Address 85 Gold Mine Road | | |
| City Providence | State RI | Zip 02906 | City Chepachet | State RI | Zip 02814 |
| Director Name Thomas Lopardo | | | Director Name | | |
| Street Address 7 Strawberry Lane | | | Street Address | | |
| City Johnston | State RI | Zip 02919 | City | State | Zip |
| 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

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

File Date

Check No

By

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