STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services CRETARY OF STATE

148 W. River Street Providence Plantage Control Providence Planta

CORPORATIONS DIV 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 ________

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.	Exact name of the Corporation		_
000027234	Johnston Senic	or Citizens, I	10
State of Incorporation	4. Brief description of the character of bu		
RI	The Operation	of a SenjorCi	tizens Cen kr
5. Principal office address /29/ /art Po	ird Avenue	Johnston	RI 02919
6, LIST ALL OFFICERS (NAMES AND ADDRÉSSES) ("X" BOX FOR ATTACHMENT)			
President Name Noncone Na	late	Vice-President Name Bacco	UF by a series to a proper give.
Street Address 9 Emerald	hane	Street Address 46 Dix Aven	146
Johnston	RI 02919	Johnston	State Zip C2919
Robert Graziana		Treasurer Name	ian d
Street Address	Drive	Street Address Tricia.	Drive
Johnston	State Zip 22919	Schreton	State Zip O2919
7. LIST ALL DIRECTORS (NAME ("X" BOX FOR ATTACHMENT)	S AND ADDRESSES), RHODE ISLAND	CORPORATIONS <u>MUST</u> LIST NO LI	ESS THAN THREE (3) DIRECTORS
Ruth Come to r	<u> </u>	Director Name Mary Cara	,
	nue	Street Address Atuka	d Avenue
Johnston	SPT 21p 02919	Thiston	RT 02919
Director Name Prozio	6п	Debovah Mc	Cauley
Street Address TOLLO	Drive	Street Address Shun F	ike o
Jannoton	Zip 2919	city Johnston	Siete Zip 02919
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 641.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee			

FILED FILED SEP 1 6 2013 Check No By: FOR SECRETARY OF STATE USE ONLY	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
Form No. 631	Treasurer
Revised: 05/2012	Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

