



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 793999		2. Exact name of the Corporation COMMUNITY ECONOMICS CORPORATION			
3. Principal office address 44 FARNSWORTH STREET			City BOSTON	State MA	Zip 02210
4. Business Phone No. 617-482-9485			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island Provide health care and market research telephone survey for health care organizations.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joel H. Lamstein			Vice-President Name		
Street Address 45 Pine Crest Rd.			Street Address		
City Newton	State MA	Zip 02158	City	State	Zip
Secretary Name Joanne McDade			Treasurer Name Joel H. Lamstein		
Street Address 10 Walton St.			Street Address 45 Pine Crest Rd.		
City N. Billerica	State MA	Zip 01862	City Newton	State MA	Zip 02158
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joel H. Lamstein			Director Name		
Street Address 45 Pine Crest Rd.			Street Address		
City Newton	State MA	Zip 02158	City	State	Zip
Director Name Raymond Pelletier			Director Name		
Street Address 58 Somerset Ave.			Street Address		
City Winthrop	State MA	Zip 02152	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			None		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 10 2014
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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 Authorized Representative: *[Signature]* Date: 2/28/14
 Print or Type Name of Authorized Representative: Rida Wong