



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000058520

**2. Name of Corporation** Alliance for Affordable Services

**3. State of Incorporation**

State: DC

**4. Corporate Address in Rhode Island**

No. and Street: NONE

City or Town: NONE

State: RI

Zip: 00000

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 130 E JOHN CARPENTER FWY

City or Town: IRVING State: TX Zip: 75062 Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

MEMBER ORGANIZATION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL H PEVSNER DR	377 WEST FORK IRVING, TX 75039 USA
TREASURER	PAUL H HYATT	501 W BROADWAY # 800 SAN DIEGO, CA 92101 USA
SECRETARY	PAUL H HYATT	501 W BROADWAY # 800 SAN DIEGO, CA 92101 USA
ASSISTANT SECRETARY	RALPH WOLFE	130 E JOHN CARPENTER FREEWAY IRVING, TX 75062 USA

DIRECTOR	DANELL NIXON	200 WINDMILL DRIVE ROCHELLE, IL 61068 USA
DIRECTOR	PAUL H PEVSNER DR	377 WEST FORK IRVING, TX 75039 USA
DIRECTOR	PAUL H HYATT	501 W BROADWAY # 800 SAN DIEGO, CA 92101 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 12 Day of May, 2014 at 10:27:43 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By RALPH WOLFE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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