RALPH MORE State of	of Rhode Island and Pro Office of the Secreta		
Secretary of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Non-Profit Corporation 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. 000069394			
2. Name of Corporation THE SOPHIA LITTLE HOME **Formerly SLH, Inc.**			
3. State of Incorporation			
State: <u>RI</u>			
4. Corporate Address in Rhode Island			
No. and Street:420 FRUIT HILL AVENUECity or Town:NORTH PROVIDENCEState: RIZip: 02911Country: USA			
5. Foreign Corporation. Enter Principal Office Address			
No. and Street:			
City or Town: State: Zip: Country:			
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island			
CHILD WELFARE AGENCY			
7. Names and Addresses of the Officers and Directors:			
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.			
7-6-23			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	SCOTT AVEDISIAN	200 ATLANTIC AVENUE WARWICK, RI 02888 USA	
VICE PRESIDENT	MICHAEL MANNI	26 SORRELL ROAD NORTH PROVIDENCE, RI 02904 USA	

CARLENE CASCIANO-MCCANN

420 FRUIT HILL AVENUE

SECRETARY/TREASURER

		NORTH PROVIDENCE, RI 02911 USA		
DIRECTOR	MICHAEL MANNI	26 SORRELL ROAD NORTH PROVIDENCE, RI 02904 USA		
DIRECTOR	SCOTT AVEDISIAN	200 ATLANTIC AVENUE WARWICK, RI 02888 USA		
DIRECTOR	CARLENE CASCIANO-MCCANN	420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911 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 CARLENE CASCIANO-MCCANN ST. MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE , RI 02911				
9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.				
<b>Signed this 29 Day of May, 2014 at 2:46:48 PM by the authorized person.</b> <i>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.</i>				
By <u>CARLENE CASCIANO-MCCANN</u> Signature of Authorized Person				
Form No. 631 Revised 09/07				
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