RALPH MORE State	of Rhode Island and Pro Office of the Secreta		Fee: \$20.00
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. 7-6-9 report within the time prescribed \$25.00.			
ANNUAL REPORT YEAR: 201	<u>4</u>		
1. Corporate ID No. 0000	51754		
2. Name of Corporation <u>The</u>	Genesis Center		
3. State of Incorporation			
State: <u>RI</u>			
4. Corporate Address in Rhod	e Island		
No. and Street:620 POTCity or Town:PROVID	TERS AVENUE ENCE Stat	e: RI Zip: <u>02907</u> Countr	ry: USA
5. Foreign Corporation. Enter	Principal Office Address		
No. and Street:			
City or Town: State: Z	ip: Country:		
		re Actually Conducted in Rhod	
Incorporator is no longer a	ust be listed. If officers and/o oplicable; please delete	r directors have been elected, ATION SHALL NOT BE LESS THAN THR	
Title	Individual Name	محمدامام ۸	
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Co	de, Country
PRESIDENT	DEAN MARTINS	69 NARRAGNASETT A PORTSMOUTH, RI 02871 U	
TREASURER	CHYE HUP CHUA	620 POTTERS AVE PROVIDENCE, RI 02907 US	

DIRECTOR	RALPH M. KINDER ESQ.	155 SOUTH MAIN ST. #300 PROVIDENCE, RI 02903 USA	
DIRECTOR	ALEMY MONDESTIN	85 HENDRICK ST. PROVIDENCE, RI 02903 USA	
DIRECTOR	FRANK SULLIVAN	43 FIRWOOD DRIVE NORTH KINGSTON, RI 02852 USA	
DIRECTOR	JIM BOWER	125 WILLIAMS ST. PROVIDENCE, RI 02906 USA	
DIRECTOR	SR. ANGELA DANIELS	791 POTTERS AVE PROVIDENCE, RI 02907 USA	
DIRECTOR	DANIEL H HEALY III	ONE COMERCIAL WHARF NEWPORT, RI 02840 USA	
DIRECTOR	BARBARA LEE	110 EDGEWOOD BLVD CRANSTON, RI 02905 USA	
DIRECTOR	JENNIFER GRIFFITHS	23 THOMAS LANE. MILTON, MA 02186 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

PHEAMO R. WITCHER 620 POTTERS AVENUE PROVIDENCE , RI 02907

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

**Signed this 2 Day of June, 2014 at 11:22:49 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 <u>SHANNON CARROLL</u> Signature of Authorized Person

Form No. 631 Revised 09/07

 $\ensuremath{\mathbb{C}}$  2007 - 2014 State of Rhode Island and Providence Plantations All Rights Reserved