



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 000110538		2. Exact name of the Corporation PROCAP HOUSING, INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide elderly and handicap persons with housing facilities and services specially designed to meet their physical, social and psychological needs.			
5. Principal office address 518 Hartford Avenue		City Providence		State RI	Zip 02909
OFFICERS (NAME AND ADDRESS)					
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name Thomas S. Hemmendinger		Treasurer Name			
Street Address 362 Broadway		Street Address			
City Providence	State RI	Zip 02909	City	State	Zip
BOARD OF DIRECTORS (NAME AND ADDRESS)					
Director Name Jeffrey Dana		Director Name Althea Graves			
Street Address 225 Carpenter St.		Street Address 1 Cunningham Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02918
Director Name Paul MacDonald		Director Name			
Street Address 514 Colwell Road		Street Address			
City Harrisville	State RI	Zip 02830	City	State	Zip
REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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



FILED

JUN 03 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 Officer or Authorized Representative

Date

5/30/14

Thomas S. Hemmendinger
Print or Type Name of Officer or Authorized Representative