

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

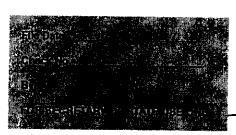
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact na	ame of the Corporation			
000110538	PROCAP HOUSING, INC.				
3. State of Incorporation	4. Brief des	scription of the charact	er of business conducted in Rhode	leland	
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
region of the control		Beside 778		The same of the sa	
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name	<u> </u>	<u> </u>
Thomas S. Hemmendi	nger				
Street Address 362 Broadway			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02909			
S. S	i=->A(+i Av) I(u:+ □kz /+)a	nestes) profes			
Director Name			Director Name		
Jeffrey Dana			Althea Graves		
Street Address			Street Address		
225 Carpenter St.			1 Cunningham Square		
City	State	Zip	City	State	Zip
Providence	RI	02903	Providence	RI	02918
Director Name Paul MacDonald			Director Name		
Street Address 514 Colwell Road			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Misdelleier dat i	HODERBLAND				
his information is currently	of record in the	Office of the Secret	ary of State. Changes require filin	ng Form 641.	
his report must be signed by e	ither the Preside	ent, Vice-President, Se	cretary, Assistant Secretary, Treasu	rer, duly Authorized F	Rentegentative Receiver

or Trustee



FILED JUN 0 3 2014

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

Form No. 631 Revised: 04/2014 Thomas S. Hemmendinger

Print or Type Name of Officer or Authorized Representative