



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. 505043		2. Exact name of the Corporation GEORGE GALEN WHEELER HOUSE, INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide elderly or disabled persons with housing facilities and services			
5. Principal office address 3188 Post Road		City Warwick	State RI	Zip 	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name David Splaine		Vice-President Name Patricia Wegrzyn McGreen			
Street Address 8 Terrace Drive		Street Address 43 Beach Park Avenue			
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886
Secretary Name Wanda Michaelson		Treasurer Name Timothy McCarthy			
Street Address 2 Gaspee Drive		Street Address 4042 Post Road, Unit 10			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name David Splaine		Director Name Patricia Wegrzyn McGreen			
Street Address 8 Terrace Drive		Street Address 43 Beach Park Avenue			
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886
Director Name Wanda Michaelson		Director Name Timothy McCarthy			
Street Address 2 Gaspee Drive		Street Address 4042 Post Road, Unit 10			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02886
8. 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

File Date _____

Check No. _____

By: _____

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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.

PEW 5-19-14
Signature of Officer or Authorized Representative Date

Patricia Wegrzyn McGreen
Print or Type Name of Officer or Authorized Representative

ATTACHMENT TO ANNUAL REPORT

Additional Directors:

Jean Johnson
95 Spring Hill Road
Kingston, RI 02881

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BY 505043
pg 2