



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**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. 000064900

2. Name of Corporation Villa Nia Housing Cooperative Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O INTERLINK PROPERTY MGMT
960 TIOGUE AVENUE

City or Town: COVENTRY

State: RI Zip: 02816 Country: 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

HOUSING CO-OPERATIVE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	KIMBERLY PEIRSOM MS.	96B UNITY DR. MIDDLETOWN, RI 02842 USA
SECRETARY	KIMBERLY PEIRSOM	96B UNITY DRIVE MIDDLETOWN, , RI 02842 USA

PRESIDENT	DONNA CHAPMAN	56B UNITY DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR	KIMBERLY PEIRSOM MS.	96B UNITY DR COVENTRY, RI 02842 USA
DIRECTOR	DONNA CHAPMAN MRS.	56B UNITY DR MIDDLETOWN, RI 02842 USA
DIRECTOR	KIMBERLY PEIRSOM MS.	96B UNITY DR. MIDDLETOWN, RI 02842 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

INTERLINK PROPERTY MANAGEMENT, INC. 960 TIOGUE AVENUE, BUILDING A, 2ND FLOOR
COVENTRY , RI 02816

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

Signed this 9 Day of June, 2014 at 5:08:51 PM 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 DONNA CHAPMAN
Signature of Authorized Person

Form No. 631
Revised 09/07