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 name of the Corporation
60522	**Pawtucket Citizens Development Corporation**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Purchase, lease, rehabilitate, sell property to low and moderate income households.**

2014 JUN 1 9 AM 10

5. Principal office address	City	State	Zip
204 Broad Street	**Pawtucket**	**RI**	**02860**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
George J. Charette			**David Saadeh**		
Street Address			Street Address		
9 LeBaron Way			**90 Melrose Street**		
City	State	Zip	City	State	Zip
Mattapoisett	**MA**	**02739**	**Providence**	**RI**	**02907**
Secretary Name			Treasurer Name		
Wilma E. Smith			**Jennifer Hawkins**		
Street Address			Street Address		
28 Darrow Street			**33 Hawkins Street**		
City	State	Zip	City	State	Zip
Pawtucket	**RI**	**02860**	**Pawtucket**	**RI**	**02860**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Antonio Moreira			**Michelle Cruz**		
Street Address			Street Address		
267 High Street			**343 Sayles Avenue # 3**		
City	State	Zip	City	State	Zip
Pawtucket	**RI**	**02860**	**Pawtucket**	**RI**	**02860**
Director Name			Director Name		
Jeffrey C. Davis					
Street Address			Street Address		
47 Lorimer Avenue					
City	State	Zip	City	State	Zip
Providence	**RI**	**02906**			

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: _____
FOR SECRETARY OF STATE USE ONLY

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JUN 19 2014
BY LL 2266683
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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: 6/4/14

George J. Charette III President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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