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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 2015

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
275763	THOMAS WILBUR HOMESTEAD, 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	City	State	Zip
3188 Post Road	Warwick	RI	02886

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

President Name	Street Address	City	State	Zip
David Splaine	8 Terrace Drive	East Greenwich	RI	02818
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Patricia Wegrzyn McGreen	43 Beach Park Avenue	Warwick	RI	02886
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Wanda Michaelson	2 Gaspee Drive	Warwick	RI	02888
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Timothy McCarthy	4042 Post Road, Unit 10	Warwick	RI	02886

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

Director Name	Street Address	City	State	Zip
David Splaine	8 Terrace Drive	East Greenwich	RI	02818
Director Name	**Street Address**	**City**	**State**	**Zip**
Patricia Wegrzyn McGreen	43 Beach Park Avenue	Warwick	RI	02886
Director Name	**Street Address**	**City**	**State**	**Zip**
Wanda Michaelson	2 Gaspee Drive	Warwick	RI	02888
Director Name	**Street Address**	**City**	**State**	**Zip**
Timothy McCarthy	4042 Post Road, Unit 10	Warwick	RI	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: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014

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 — Date: 4/29/15

Dean Johnson
Print or Type Name of Officer or Authorized Representative

FILED
MAY 11 2015
BY #32289

120765-16-1036924

ATTACHMENT TO ANNUAL REPORT

Additional Directors:

Jean Johnson
95 Spring Hill Road
Kingston, RI 02881

FILED

MAY 11 2015

BY #3289