

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • Filing Fee: \$20.00°: THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.	•					
1. Corporate ID No. 55917	2. Name of Corporation FEDERAL HOUSING ASSUCIATES					
3. State of Incorporation		Rhode Island - Street Address HULS DHA	5	CRAN	05930	
5 Foreign corporation. Enter principal office address			Сйу	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island SPONSOR FOY ELDERLY LOW INCOME AND MINORITY SUPPORTIVE HOUSING SERVICES & COMMUNITY BASED OUTREACH PROGRESSION AT THE EXEMPT SOI(CX3) NON-PROFIT. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name EVIN. K. ACTO			Vice President Name MGCC RE	ELNER	IMEN 15	
7 LINDSAY LANE			Street Address Greenwich WAY			
Crawatan	Sume RJ	2ip 02921	W. WARW	State RI	Zip 0 2893	
Secretary Name KEVIN TO MALLOY			Treasurer Name Comy T. 1	MALLOY		
33 alen Hur Dr			Street Address Eachinge ST #217		#217	
Cran	State	210 D2920	City Prov	State RI	2402903	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
KAIN T. MANDY			Director Name GAM T	MALLOY		
33 gus Hi	es Drive	٤	200 EACH	ange ST.	# 217	
Chan	State	02930	Prov	State RI	20003	
BIU MUOY			Director Name BVA	Kennely		
Street Address 11 HUTOD AVE			Street Address 34 Mart	in St		
West Warw	State	^{zip} 07893	Whoman	State MA	0338J	
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						
				i de la companya de l		

	FILED	
	07 2015	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
ile Datc	82:51 Hd L-700 HH2:58	statements contained herein are true and confect.
	VIO SHOITA SOLL	Signature of Officer Date
Theck No	A OF STATE	KON T. MARLOY
Вуг	03/15050 HT/	Print or Type Name of Officer
FOR SECR	RETARY OF STATE USE ONLY	SECRETARY/DIVERTOR
	·	Form 631 Rev. 09/17