Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

1. The name of the corporation is Villa Nia Housing Cooperative Inc. 2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND 3. The address of the registered office of the corporation in this state is MANAGEMENT. INC. 40 WEB AVENUE NORTH KINGSTOWN, RI 02852 and the name of its registered agent in this state at that address is INTERLINK PROPERTY 4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is HANAGEMENT. 5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is	Corporate ID Number	DNP-64900	Annual Report for the year 2002
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ADNA CRAPMAN Director SENER LITTLE Director SAME AS BELOW SENER LITTLE Director SAME AS BELOW SAME AS BELOW SAME AS BELOW SOLVA CHAPMAN President ENNARO MAIGHT Vice-President Secretary Treasurer Dated: 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. I 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. I 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. I 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. I 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. I 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. I 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. I Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements are true and correct. I Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements. I Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying sche			
PENELITTE Director SAME AS BELOW DIVA CHAPMAN President ENNHLD MAGIET; Vice-President Treasurer Dated: 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. 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. 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. 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. 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. 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. 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. In the statement of the	NAME	OFFICE	ADDRESS
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report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. I G N R + OUSING COPE (A + USE) Exact Name of Corporation By CON W OPWW Title Check No.: Check No.: Form No. 631	ENEE CITI	1 reasurer	1/10 anty of Middletown, RIVa
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