

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

Corporate ID Number DNP-64900

Annual Report for the year 2000

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 housing co-operative
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 _____
6. Corporate address in Rhode Island _____
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME

OFFICE

ADDRESS

<u>Donna Chapman</u>	Director	<u>563 Unity Dr. Middletown, RI 02842</u>
<u>Cari Daniels Welch</u>	Director	<u>61B Unity Dr. Middletown, RI 02842</u>
<u>Delores Norman</u>	Director	<u>56A Unity Dr. Middletown, RI 02842</u>
<u>Donna Chapman</u>	President	<u>563 Unity Dr. Middletown, RI 02842</u>
	Vice-President	
<u>Cari D. Welch</u>	Secretary	<u>61B Unity Dr. Middletown, RI 02842</u>
<u>Delores Norman</u>	Treasurer	<u>56A Unity Dr. Middletown, RI 02842</u>

Dated: _____



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File Date: 6/30
Check No.: 1864
By: [Signature]

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.

Villa Nia Housing Cooperative, Inc.
Exact Name of Corporation

By: Donna Chapman

Title President

(Report must be signed by an officer)