

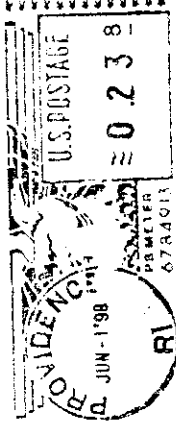


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
**RETURN SERVICE
REQUESTED**

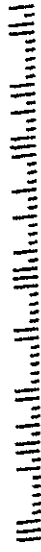
James R. Langevin, Secretary of State



POST OFFICE
FIRST CLASS



1. AUTO 02903



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 ND-64900

Annual Report for the year 1998

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 RI HOUSING 60 EDDY STREET
PROVIDENCE, RI 02903
and the name of its registered agent in this state at that address is LUCY L. SHELBY
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is _____
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

_____	Director	_____
_____	Director	_____
_____	Director	_____
_____	President	_____
_____	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.

Exact Name of Corporation

By _____

Title _____

(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY
File Date: _____
Check No.: _____
By: _____

Form No. NP-13
Revised 5/98

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$20.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form NP-14, along with a \$10.00 fee must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040.

4985

LUCY L. SHELBY
RI HOUSING
60 EDDY STREET
PROVIDENCE, RI 02903