State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000022438

2. Name of Corporation Communities for People, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 623 ATWELLS AVENUE, SUITE 201
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

NON-PROFIT CLINICAL RESIDENTIAL SERVICES FOR HIGHLY DISTURBED ADOLESCENTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SANDY CADES	52 HANCOCK STREET WATERTOWN, MA 02472 USA
CFO	SANDY CADES	52 HANCOCK ST WATERTOWN, MA 02472 USA
VICE PRESIDENT	CRAIG GORDON	22 LISTER DR BARRINGTON, RI 02806 USA
PRESIDENT	JOSEPH LEAVEY	15 SOUTHWICK ROAD

0-7271-0

		WABAN, MA 02168- USA
CLERK	GILBERT SAKAKEENY	8 AVON ST CAMBRIDGE, MA 02138 USA
DIRECTOR	KIMBERLY SIMMONS	418 COMMONWEALTH AVE BOSTON, MA 02215 USA
DIRECTOR	SUSAN WAYNE	418 COMMONWEALTH AVE BOSTON, MA 02215 USA
DIRECTOR	MISTY DELGADO	418 COMMONWEALTH AVE BOSTON, MA 02215 USA
DIRECTOR	BOYCE SLAYMAN	323 OAK HAMPTON RD FLEMING, GA 31309 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of December, 2015 at 2:14:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SANDY CADES
Signature of Authorized Person

Form No. 631
Revised 09/07

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