



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 113827		2. Exact name of the Corporation Warwick Interfaith Association for Affordable Assisted Living			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Formed to develop affordable assisted living options for seniors and disabled individual in the City of Warwick.			
5. Principal office address 3270 Post Rd			City Warwick	State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Linda Knutton			Vice-President Name Roger Gostanian		
Street Address 310 Lafayette Rd			Street Address 17 Hilton Rd		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02889
Secretary Name Monica Barnes			Treasurer Name Kathleen M Morgan		
Street Address 208 Burt Street			Street Address 569 Smith Hill Rd		
City Warwick	State RI	Zip 02886	City Burrillville	State RI	Zip 02830
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) - RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert Morgan			Director Name Margaret Dolan		
Street Address 569 Smith Hill Rd			Street Address 45 Metcalf St		
City Burrillville	State RI	Zip 02830	City Warwick	State RI	Zip 02886
Director Name Mary A Whalen			Director Name Verteal Patterson		
Street Address 52 Keystone Dr			Street Address 119 Rodney St		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

FILED

FEB 16 2016

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.

Kathleen M Morgan
 Signature of Officer or Authorized Representative

2/12/2016

Date

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 FEB 16 AM 11:36
 FOR SECRETARY OF STATE USE ONLY
 CORPORATIONS DIV
 SECRETARY OF STATE
 RECEIVED
 Revised: 04/2014

By 267648

Kathleen M Morgan

Print or Type Name of Officer or Authorized Representative

A.A. 11:37 A.M.