

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

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

1. Entity ID No.			LY 30 WILL H	ESULI IN A \$25.00	PENALIYF	EE.	
	2. Exact name of the Corporation						
₹6083	HAMILTON HOUSE						
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island						
RI	SENIOR ADULT LEARNING EXCHANGE COMMUNITY CENTER						
5. Principal office address 276	al office address 276 ANGELL ST.			rnc	State	Zip 02906	
CARENTO LOPFIGERS (NAMIGANAMINATORIESSES) (PXF. BOX FOR ATTACHMENT)							
President Name JOAN MEKRUT			Vice-President Namc (ATHY LAWSUM				
Street Address 4 FAIR BAKS DRIVE			Street Address 21 MIRRA WAY				
City LINCOLN	State Z	02865	City Ru	MFURD	State RJ	Zip 02 916	
Secretary Name KATHERINE SHERIDAN			Treasurer Name BETTY PRAIRE				
Street Address 1363 SMITH ST			Street Address 61 LOWDEN ST.				
ND. PRW	RL	Cip D2911		NTVCKET	State RT	Zip 02860	
7. LIST ALL DIRECTORS (NAM L'X" BOX FOR ATTACHMEN	ES AND ADDRESSE ()	S), RHÓDE ISLANÓ	CORPORATIO	NS <u>Must</u> list no L	ess than th	IREE (3) DIRECTORS	
Director Name MARGO CHIA PRINELLI			Director Name JEANNE WATERS				
Street Address 65 LAVREL AVE			Street Address				
city PROVIDENCE		Cip 02706	City RUY	n F <i>u</i> R D	State RT	2ip 02916	
Director Name FRAWK	Mc GONAGE	É	Director Name	MARILYN		ens	
Street Address 54 STIM	SON AUÉ		Street Address	9 LINDEN	DRIVE		
City PROVIDENCE		02906	City	PRWIDENE	State	Zip 02406	
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 eith	ner the President, Vice	-President, Secretar	y, Assistant Sec	retary, Treasurer, duly A	Authorized Rep	oresentative, Receiver	

or Trustee

File Date	FILED	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.			
	MAY 1 1 2016	Latherine J. Sheridan Signature of Officer or Authorized Representative	5/6/2016		
	d. 19212	Signature of Officer or Authorized Representative	Date		
		7 01			

Form No. 631 Revised: 04/2014 Ratherine / Sheridan
Print or Type Name of Officer or Authorized Representative

Hamilton House Board of Directors – 2016-2016 Attachment

Diane Strommer 166 Raleigh Avenue Apt 2 Pawtucket, RI 02860

Dianne Isenberg 355 Blackstone Blvd Apt 348 Providence, RI 02906

FILED

MAY 1 1 2016

BY 9385 05

TO 2608 3