State of Rhode Island and Providence Plantations Office of the Secretary of State			Fee: \$20.00	
	Division Of Business	Services		
	148 W. River St			
	Providence RI 0290			
HOPE	(401) 222-304	10		
Non-Profit Corporation 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: 2016				
1. Corporate ID No. 001659013				
2. Name of Corporation Elder Resources RI				
3. State of Incorporation				
State: <u>RI</u>				
4. Corporate Address in Rhode Island				
No. and Street:1604 BROAD STREETCity or Town:CRANSTONState:RIZip:02905Country: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				
AN ALLIANCE OF INDIVIDUALS WHO SPECIALIZE IN PROVIDING EDUCATION ON				
ISSUES AFFECTING SENIORS AND PROFESSIONAL SERVICES FOR SENIORS AND				
THEIR FAMILIES				
7. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete				
THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23				
Title	Individual Name	Address		
TIUG	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country	
DIRECTOR	KEVIN HACKMAN	1370 WARWICK AVE WARWICK, RI 02888 US		

RAYMOND MELANSON

29 JAMIE LYNN LANE

DIRECTOR

		SWANSEA, MA 02777 USA		
DIRECTOR	LARA MORTIZ	68 LORRAINE AVENUE PROVIDENCE, RI 02906 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				
MICHAEL AARONSON 1604 BROAD STREET CRANSTON, RI 02905				
9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.				
<b>Signed this 20 Day of June, 2016 at 11:54:53 AM by the authorized person.</b> <i>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.</i>				
By <u>MICHAEL AARONSON</u> Signature of Authorized Person				
Form No. 631 Revised 09/07				
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