RI SOS Filing Number: 201603915270 Date: 08/22/2016 9:41 AM

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

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. 001070252

2. Name of Corporation SHEPHERD HOUSE

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: #11 MILANO STREET
City or Town: #PROVIDENCE State: RI Zip: 02904 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

TO PROVIDE THE BEST ADULT DAY HEALTH CARE SERVICES TO ELDERS AND DISABLED ADULTS IN A SAFE, TRUSTING AND CARING ENVIRONMENT AND RELATED ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	EVA LEVONE SMITH	11 MILANO STREET PROVIDENCE, RI 02904
INCORPORATOR	EVA LEVONE SMITH	11 MILANO STREET

0-2883-0

		PROVIDENCE, RI 02904 USA
DIRECTOR	DENICE EDWARD	24 MORPHEAUS DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	FINDAYAWAH GBOLLIE	90 HARBOR LOOP #A STATEN ISLAND, NY 10303 USA
DIRECTOR	TAWAI GBOLLIE	6939 YELLOWSTONE BOUELVARD, APOT 111 FORESTHILL , NY 11375 USA
DIRECTOR	LILLYMAE KARPEH	36 WILNA STREET PROVIDENCE, RI 00000 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

EVA LEVONE SMITH 11 MILANO STREET PROVIDENCE , RI 02904

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

Signed this 22 Day of August, 2016 at 9:47:23 AM 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 EVA LMITH
Signature of Authorized Person

Form No. 631
Revised 09/07