State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
275769	**THOMAS WILBUR HOMESTEAD INC**
3. State of Incorporation: **RHODE ISLAND**	5. Brief description of the character of business conducted in Rhode Island: **To provide elderly or disabled person with housing facilities and services**
4. NAICS Code: **624229 - Other Community H**	

6. Principal Office Address	City	State	Zip
3188 Post Rd	**Warwick**	**RI**	**02886**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Deborah Imondi**			Vice-President Name **Wanda Michealson**		
Street Address **20 Poppy Hill DR**			Street Address **2 Gaspee Point Dr**		
City **Johnston**	State **RI**	Zip **02919**	City **Warwick**	State **RI**	Zip **02888**
Secretary Name **Brian C. Jones**			Treasurer Name **Patricia Wegrzyn McGreen**		
Street Address **20 Bateman Ave**			Street Address **43 Beach Park Ave**		
City **Newport**	State **RI**	Zip **02840**	City **Warwick**	State **RI**	Zip **02886**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Deborah Imondi**			Director Name **Wanda Michealson**		
Street Address **20 Poppy Hill Dr**			Street Address **2 Gaspee Point Dr**		
City **Johnston**	State **RI**	Zip **02919**	City **Warwick**	State **RI**	Zip **02888**
Director Name **Brian C. Jones**			Director Name **Patricia Wegrzyn McGreen**		
Street Address **20 Bateman Ave**			Street Address **43 Beach Park Ave**		
City **Newport**	State **RI**	Zip **02840**	City **Warwick**	State **RI**	Zip **02886**

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative: Laura Jaworski Razza — Date: 6/15/17

Signature of Officer/Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
JUN 19 2017
BY 2257

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017