



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.

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2017 JUN 27 AM 10:49
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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 505043		2. Exact name of the Corporation GEORGE GALEN WHEELER HOUSE INC	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To provide elderly or disabled persons with housing facilities and services	
4. NAICS Code 624229 - Other Community I			
6. Principal Office Address 3188 Post Rd		City Warwick	State RI Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	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	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 <input type="checkbox"/>			
Director Name Deborah Imondi		Director Name Wanda Michaelson	
Street Address 20 Poppy Hill Dr		Street Address 2 Gaspee Point Dr	
City Johnston	State RI	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	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-Patt			Date 6/26/17
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE FILED

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

JUN 27 2017

BY **3423**