| State of  | of Rhode Island and Pro<br>Office of the Secreta               |                          | Fee: \$20.00   |
|---|--|--------------------------|----------------|
|   | Division Of Business   | Services                 |                |
|   | 148 W. River St  | treet                    |                |
|   | Providence RI 0290   | 4-2615                   |                |
| HOPE  | (401) 222-304  | 40                       |                |
| Foreign Non-Profit<br>Annual Report<br>Filing Period: June 1 - June 30  |  |                          |                |
| In accordance with R.I.G.L. 7-6-94<br>report within the time prescribed b<br>\$25.00.   |  |                          |                |
| ANNUAL REPORT YEAR: 2017  | -  |                          |                |
| 1. Corporate ID No. 00050   | 9599   |                          |                |
| 2. Name of Corporation <u>Edesi</u>   | ia, Inc.   |                          |                |
| 3. State of Incorporation   |  |                          |                |
| State: <u>DE</u>  |  |                          |                |
|   | ARTICLE III  |                          |                |
| Using the dropdown labeled NAIC<br>of activity in which your entity eng<br>based on the chosen selection. If<br>assistance with selecting a class | gages. The box to the right of the the NAICS Code is known, en | e dropdown will populate | a NAICS Code   |
| NAICS Code  |  |                          | 6              |
| <u>624230</u>   |  |                          |                |
| 4. Corporate Address in Rhode   | e Island   |                          |                |
| No. and Street: 550 ROMAN   | O VINEWARD WAY   |                          |                |
| City or Town: NORTH KIN   |  | State: RI Zip: 02852     | 2 Country: USA |
| 5. Foreign Corporation. Enter F   | Principal Office Address                                       |                          |                |
| No. and Street:   |  |                          |                |
| City or Town: State: Zi   | p: Country:  |                          |                |
| 6. Brief Description of the Cha   | racter of the Affairs Which a                                  | re Actually Conducted in | n Rhode Island |
| EXCLUSIVELY FOR CHARI   | TABLE PURPOSES   |                          |                |
| 7. Names and Addresses of the   | e Officers and Directors:                                      |                          |                |
| All officers and directors mu   | st be listed.  |                          |                |
| Title   | Individual Name  | Addres                   | S              |

|   | First, Middle, Last, Suffix  | Address, City or Town, State, Zip Code, Country   |  |
|---|--|---|--|
| PRESIDENT   | NAVYN SALEM  | 41 NAYATT ROAD  |  |
|   |  | BARRINGTON, RI 02806 USA  |  |
| VICE PRESIDENT  | PAUL SALEM   | 41 NAYATT RD  |  |
|   |  | BARRINGTON, RI 02806 USA  |  |
| DIRECTOR  | GERMAINE GURR  | 50 KENNEDY PLAZA  |  |
|   |  | PROVIDENCE, RI 02903 USA  |  |
| DIRECTOR  | ANNIE ABBRUZZESE   | 318 BEACON ST   |  |
|   |  | BOSTON, MA 02116 USA  |  |
|   |  |   |  |
| •   | ed by either the President, Vic<br>y Authorized Representative,  | e President, Secretary, Assistant<br>Receiver, or Trustee.  |  |
| Secretary, Treasurer, dul<br>Signed this 30 Day of June<br>ignature of the individual<br>icknowledgement of the signatividual's act and deed of | y Authorized Representative,<br>e, 2017 at 12:05:45 PM by the<br>or individuals signing this in<br>gnatory, under penalties of per<br>r the act and deed of the com<br>lectronic filing, in compliance | Receiver, or Trustee.<br>The authorized person. This electronic<br>estrument constitutes the affirmation or<br>erjury, that this instrument is that<br>pany, and that the facts stated herein are |  |