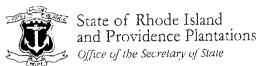
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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 461.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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

penalty fee of \$25,00.						
1 Corporate II) No. 559   7		ASSOCIATES				
3 State of Incorporation	4. Corporate address in Rhode Island - Street Address AFFORDA DE HOUSING NOT FO	or Profit Unterv programs	CRAN	2ip 0 29 20		
	cipal office address Hus Dr	CRAN	State ZI	07430		
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name  ENN K.	Aceto	Mica President Name Porica Kenneldy				
Street Address LIWDSA	y CANE	Street Address 34 Mar Tin ST.				
CKM	Stude RI 210 DR 21	CivWhrman	State MD	69382		
Secretary Name  CEVIN T.	Marioy	Treasurer Name GAYT.	Marray			
Street Siddress OV-LINK	vich Way	Street Address Eych	ange ST	#217		
CU. WAYW	State RI 24 02893	Carproy	State PI	200003		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Director Name  13 11 KG	mely	Director Name: DIU MA	uoy			
Street Address Sy Marin	ST. 1	11 Hutop Ave				
Whithe	MASS ZIP UB382	W. WARW	Statle RI	<sup>250</sup> 07853		
Director Name	roccoy	Director Name GAY T. MANWY				
Street Address Orlence	sich WAY	From From Frehmye ST # 217				
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

	FILED	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all
	JUL 2 1 2017	statements contained herein are true and convert.
Fil. Page	1117305	Engineering Officer From
Check No.	$-\int_{-}^{1}\frac{(1 \sqrt{\lambda} \sqrt{\lambda})}{2}$	TEVIN T. MALLY
Ву:		Print or Type Name of Officer    Irector / Secretary
FOR SECRETARY OF STATE USE ONLY	To the standard	Title of Officer Form 631 Rev. 09/17