

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

Providence, RI 02904-2615

401.222.3040

201 NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

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1 Corporate 1D No. 2. Name of Corporation FEDERAL HOWING	ASSOCIATES			
3 State of Incorporation A Corporate address in Roade Island - Street Address A FFOR JA DE HOUSING NOT FE COMMUNITY OF YEARH + VOI	Profit CRAN	^{Zip} 0 29-20		
5 Foreign corporation. Enter principal office address Colin Hills DY	CRAN State PI	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 Same President Same	Vice President Name 12 Kich Kennedy			
Street Address	Street Address 34 Mar Tin ST.			
City CHAN State RT 210 29 21	City Whrench State MD	6938Z		
Secretary Name KENIN T. MALLO Y	Gary T. Marray	,		
Street spares Overnwich Way	Street Address Eychange ST	#217		
CH. CU. WAYW STAR RI ZIP 02893	City Proy State PI	20 MO3		
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 Mm Kinnely	Dice Marie Y			
Street Address Sy Martin &T.	Sireel Address Huton Ave			
Whith MASS 24 UB382	W. WARW Sude RI	73p 07853		
Dispetty Name T. Molloy	Director Name T. MALL	7		
35 Greenwich Way	Street Address Tychange ST	+ 717		
9. REGISTERED AGENT IN RHODE ISLAND	City Prvy Suite Ret	D>903		
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
Fit. 1:00	JUL 2 1 2017	statements contained herein are true and correct.
Check No.	BY 111 6305	Trymanic of Offices
By:		Print or Type Name of Officer Virector / Secretary
FOR SECRETARY OF STATE USE ONLY		Tule of Officer Form 6.71 Rev. 09/17