



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 108148		2. Exact name of the Corporation HANCOCK ESTATES CORP.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO PROVIDE ELDERLY OR DISABLES PERSON WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PHYCHOLIGICAL NEEDS.			
5. Principal office address 1029 MENDON RD			City CUMBERLAND	State RI	Zip 02864
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name EDWARD F. MULHOLLAND			Vice-President Name JOSEPH LAMAGNA		
Street Address 1029 MENDON RD			Street Address 1029 MENDON RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name JOANNE BUTTIE			Director Name EUGENE MCMAHON		
Street Address 1029 MENDON RD			Street Address 1029 MENDON RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name JOHN MACQUEEN			Director Name		
Street Address 1029 MENDON RD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 24 2017

BY 3907 DS

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.

Edward F. Mulholland 7/14/17
 Signature of Officer or Authorized Representative Date

EDWARD F. MULHOLLAND

Print or Type Name of Officer or Authorized Representative