

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - Jun	nc 30 🏓 🛮 Filing I		L REPORT FOR	I I I LAK			
FORM MUST BE TYPED OR F 1. Corporate ID No.		7					
122604	2. Name of Corporation EAST BAY HOUSING OPTIONS, INC						
3. State of Incorporation		in Rhode Island -Street		Ciry	Zip		
RHODE ISLAND	25 RAILROAD			WARREN	RI		
5. Foreign corporation: Enter principal office address			City	State	Zip		
N/A			N/A	N/A	N/A		
6. Brief Description of the chara	cter of the affairs which	are actually conducted i	n Rhode Island	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
PROVIDER OF HOUSING PSYCHOLOGICAL NEEDS			CALLY DESIGNED TO ME ERSONS	ET THE PHYSICAL,	BOCIAL, AND		
7. NAMES AND ADDRESS	SES OF THE OFFIC	ERS ("X" BOX FOR	ATTACHMENT) 🗌 FILL IN	SPACES-BEFORE USING	ATTACHMENTS	التراث	
President Name			, Vice President Name	₹			
GREGG ETTER			ARTHUR SAMPSON	\ 			
Street Address 27 HIGHPOINT AVE			Street Address . 11 FRIENDSHIP	c T			
	16:			······	17:-		
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	<i>Zip</i> 02840		
Sccretary Name	1		Tréasurer Name				
GERTRUDE ORENBERG			MICHAEL MELTON	1			
Street Address			Street Address				
257 LAWNACRE DR			• * *	CHOOL OF BUSINES	S		
City	State	Zip	City	State	Zip		
CRANSTON	RI	02920	BRISTOL	RI	02809		
THE NUMBER OF D Director Name CHRISTIAN STEPHENS		MESTIC (RHODE ISL	AND) CORPORATION SHALL Director Name MARY DWYER	L NOT BE LESS THAN TH	<u> REE (3).R.I.G.L 7-6-23 </u>	ائت.	
Street Address	· · · · · · · · · · · · · · · · · · ·	······································	Street Address				
21 LAKESHORE DR			83 ROSEGARDEN	ST			
City	State	Zip	·City	State	Zip		
BELLINGHAM	AM	02019	WARWICK	RI	02888		
Director Name ROLAND BOUCHER		• • • • • • • • •	Director Name			•	
Sireei Address 273 GREAT RD			·Street Address				
City	State	Zip	City	State	Zip		
NORTH SMITHFIELD	RI	02896	· ·	<u> </u>			
9. REGISTERED AGENT I	IN RHODE ISLANI	-DO NOT ALTER: CI		of Form 641 -R.I.GL 1	-6-13 / 7-6-78		
Ageni Name			Address				
JOSEPH DIGIANFILIPPO, ESQ			VIEIRA & DIGIANFILIPPO LTD				
Address			City	· · · · · · · · · · · · · · · · · · ·			
50 PARK ROW WEST, SUITE 100			PROVIDENCE	02	02903		
This report must be signe	ed in ink by either	the President, Vice	President, Secretary, As.	sistant Secretary, Tred	surer, Receiver or Tru	stee	
1 2	2 6 0 4			perjury, I declare and affin			

File Date 7-1-05

Check No. 1046

By: TOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Office 1.

GERTRUDE ORENBERG

Print or Type Name of Officer

SECRETARY

Title of Officer



Agent Name

Address

JOSEPH DIGIANFILIPPO, ESQ.

50 PARK ROW WEST, SUITE 100

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR					2004	
Filing Period: June 1; Ju	-	=	VELORI I OR 1.			
(FORM MUST BE TYPED OR P.		Fee. \$20.00				
1. Corporate ID No.	2. Name of Corporation					
122604	EAST BAY HOUSIN					
3. State of Incorporation	4 Corporate address in Rhode Island - Street Address City				7.ψ	
RHODE ISLAND	25 Railroad	l À u		ie)arren	02882	
5. Foreign corporation. Enter principal office address			City	State	Zíp	
6. Brief Description of the charact	ter of the affairs which are	actually conducted in Rhode	Island			
PROVIDE ELDERLY PE THEIR PHYSICAL, SOO			H HOSUING FACILITES AN	ID SERVICES SPECIALLY D	ESIGNED TO MEET	
7. NAMES AND ADDRESS	SES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CIÎMENT) 📋 FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
President Name		•	Vice President Name		~	
Gregg Etter,	MD		Arthur Sam	pson		
Street Address			Street Address	<u>-</u>		
29 Chapin Road			11 Friendship Street			
City	State	Zip	City	State	Z4p	
Barrington	RI	02806	Newport	RI	02840	
Secretary Name			Treasurer Name			
Gertrude Orei	nberg	<u> </u>	Michael Me	lton, Ph.D	·-·	
Street Address			Street Address	•		
257 Lawnarre	Dr		20 State S	treet Unit-3	W	
City	State	Zφ	City	State	Zip	
Cranston	RI	02920	Bristol	RI ACES BEFORE USING ATT	. 02809	
THE NUMBER OF DIREC	CTORS OF A DOMES	STIC (RHODE ISLAND		NOT BE LESS THAN THE	<u>}F.E. (3)</u> . R.I.G.L. 7-6-2,	
Director Name			Director Name			
<u>Chris Stephe</u>	ns		Roland_Roucher			
Street Address			Street Address			
515 Social Street			273 Great Road			
City	State	Zip	City	State	Zip	
Woonsocket	RI	02895	No. Smith	<u>field RI</u>	02896	
Director Name			Director Name			
<u>Mary Dwyer</u>	<u> </u>					
Street Address			Street Address			
83 Rosegarde	n Street					
City	State	Zφ	City	State	Zip	
Warwick	RI	02888	<u> </u>	1		
9 REGISTERED AGENT	IN PHODE ISLAND	. DO NOT ALTER - Ch-	anges require filling of F	orm 641 - R.I.G.L. 7-6-13	. / 7-6-78	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Address

VIEIRA & DIGIANFILIPPO LTD.

PROVIDENCE

7:p

02903-

Form 631 Rev. 04/04

* 1 2 2 6 0 4 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 7 2 04	statements contained herein-are true and correct.
Check No. 1070	Signature of Officer Dane Date
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Foundation of St. Rev. Olf M.



STATE OF RHODE ISLAND

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division

AIAD PRO	VIDENCE PLANT Secretary of State	ATIONS	100 North Main Street, Providence, RI 02903-1335 401.222.3040				
NON-PROFIT C	ORPORAT	ION ANNUAI	REPORT FOR	THE YEAR _	2003		
iling Period: June I	June 30 • Filing	Fee: \$20.00					
FORM MUST BE TYPED OR							
. Corporate ID No.	2. Name of Corporal					į	
122604	EAST BAY HOUSING	G OPTIONS, INC. s in Rhode Island - Street Ad	ddreet	City	Zip	· · -:	
3. State of Incorporation	, .			Warren		ì	
RHODE ISLAND 25 Railroad Avenue 5. Foreign carporation. Enter principal office address			Ciry	State	Zip		
, Foreign corporation. Enter j	orincipai ojjice aaaress	•	-			1	
6. Brief Description of the charg	-to- of the affaire which	am actually conducted in l	Rhode Island				
PROVIDE ELDERLY PE	RSONS AND HANDIC	APPED PERSONS WITH	H HOSUING FACILITES AND	SERVICES SPECIALL	LY DESIGNED TO MEET	г.	
THEIR PHYSICAL, SOC	IAL AND PSYCHOLOG	GICAL NEEDS	ACHMENTO FILLUIN SPA	GES BEFORE USING	VATTACHMENTS &	7	
I: NAMES:AND ADDRESS President Name	ES OF THE OFFICE	KS IAA BOATOR ATT	Vice President Name		A		
JTimothy O'Rei	lly		William J. C	Corcoran		ţ	
Street Address		····	Street Address				
P.O. Box 484			28 Ward Avenue				
City	State	Zip	City	State	Zip		
Newport	RI	02840	Newport	RI	0284	40	
Secretary Name Arthur Sampsor				Treasurer Name Gertrude Orengerg			
Street Address 11 Friendship	····	······································	Street Address 257 Lawnacre Drive				
-		Zip	Ciry	State	Zip ·	I	
City	State	02840	Cranston	RI	02920	*~ !	
Newport	RI	02040	MOHMENT) THE STATE OF	DESIDATES INTRODUCES			
8: NAMES AND ADDRESS THE NUMBER OF DIR	ECTORS OF A DOM	ESTIC (RHODE ISLAN	D) CORPORATION SHALL	NOT BE LESS THAN	<u> </u>	-6-23	
Director Name			Director Name		<u></u>	4	
Lee Dalphonse			Mary Dwyer				
Street Address		<u> </u>	Street Address			 :	
7 Boulder Dri	ve		83 Rosegarde	en Street		•	
Ciry	State	Zip	Ciry	State	Zip	1	
Coventry	RI	02816	Warwick	RI	0288	8	
Director Name		020.0	Director Name				
Christian L.	Stephens					ادا زائی	
Street Address	······································		Street Address				
21 Lakeshore	Drive						
City Bellingham	State MA	Zip 02019	City	State	Zip.		
			anges require filing of For	- 63 kg 16 1 93 15	178.78		
9. REGISTERED AGENT	IN KHODE ISLAND	-DO NOT ALTER - CIT	Address	no-ti- Killoi Livoo-i	11000	1. 14. AE	
Agent Name	•						
JOSEPH DIGIANFILIPPO, ESQ.		VIEIRA & DIGIANEILIPPO LTD.					
Address		City	['	•	•		
50 PARK ROW WEST, SUITE 100			PROVIDENCE 02903-			. –	
This report must be sign	e <mark>cd in ink</mark> by either	the President, Vice I	President, Secretary, Assis	stant Secretary, Trea	isurer, Receiver or Tr	ustķe	
					· ·		
		11 (1) 110 (1 11)					
			11.4	wive. I dealess and affin	m that I have examined		
1 	12	ME(II E(UI INE)	Under penalty of pe	erjury, I declare and affiring any accompanying sch	normal in make examined and statements.	٠٠.	
<u> </u>	2 2 6	О4 *	and that all stateme	nts contained herein are	true and correct.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>	•			
File Date	ED	- M. T. O. T/2	entar One Atlan	s. Muyer	6 27 03)	
		Junual Ch	Signature of Officer	0	Date		

Doniel J. Kulin - Mayar Print or Type Name of Officer Execute Director Form 631 Rev. 6/02