



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 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 122604		2. Name of Corporation EAST BAY HOUSING OPTIONS, INC			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 25 RAILROAD AVE		City WARREN	Zip RI
5. Foreign corporation: Enter principal office address N/A		City N/A	State N/A	Zip N/A	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROVIDER OF HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THE PHYSICAL, SOCIAL, AND PSYCHOLOGICAL NEEDS OF ELDERLY AND HANDICAPPED PERSONS					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GREGG ETTER		Vice President Name ARTHUR SAMPSON			
Street Address 27 th HIGHPOINT AVE		Street Address 11 FRIENDSHIP ST			
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840
Secretary Name GERTRUDE ORENBERG		Treasurer Name MICHAEL MELTON			
Street Address 257 LAWNACRE DR		Street Address RWU GABELLI SCHOOL OF BUSINESS			
City CRANSTON	State RI	Zip 02920	City BRISTOL	State RI	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 CHRISTIAN STEPHENS		Director Name MARY DWYER			
Street Address 21 LAKESHORE DR		Street Address 83 ROSEGARDEN ST			
City BELLINGHAM	State MA	Zip 02019	City WARWICK	State RI	Zip 02888
Director Name ROLAND BOUCHER		Director Name			
Street Address 273 GREAT RD		Street Address			
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER: Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name JOSEPH DIGIANFILIPPO, ESQ		Address VIEIRA & DIGIANFILIPPO LTD			
Address 50 PARK ROW WEST, SUITE 100		City PROVIDENCE		Zip 02903	

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



1 2 2 6 0 4

File Date	<u>7-1-05</u>
Check No.	<u>1046</u>
By:	<u>re</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Gertrude Orenberg 6/30/05
Signature of Officer Date
GERTRUDE ORENBERG
Print or Type Name of Officer
SECRETARY
Title of Officer



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
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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 122604		2. Name of Corporation EAST BAY HOUSING OPTIONS, INC.	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 25 Railroad Ave	
		City Warren	Zip 02885
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Gregg Etter, MD		Vice President Name Arthur Sampson	
Street Address 29 Chapin Road		Street Address 11 Friendship Street	
City Barrington	State RI	City Newport	State RI
Zip 02806		Zip 02840	
Secretary Name Gertrude Orenberg		Treasurer Name Michael Melton, Ph.D	
Street Address 257 Lawnacre Dr		Street Address 20 State Street Unit 3W	
City Cranston	State RI	City Bristol	State RI
Zip 02920		Zip 02809	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Chris Stephens		Director Name Roland Boucher	
Street Address 515 Social Street		Street Address 273 Great Road	
City Woonsocket	State RI	City No. Smithfield	State RI
Zip 02895		Zip 02896	
Director Name Mary Dwyer		Director Name	
Street Address 83 Rosegarden Street		Street Address	
City Warwick	State RI	City	State
Zip 02888		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name JOSEPH DIGIANFILIPPO, ESQ.		Address VIEIRA & DIGIANFILIPPO LTD.	
Address 50 PARK ROW WEST, SUITE 100		City PROVIDENCE	Zip 02903-

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



* 1 2 2 6 0 4 *

File Date	7/2/04
Check No.	1070
By:	DA
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer Gertrude Orenberg Date 6/30/04
Print or Type Name of Officer Gertrude Orenberg
Title of Officer Secretary



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 122604		2. Name of Corporation EAST BAY HOUSING OPTIONS, INC.	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 25 Railroad Avenue	
5. Foreign corporation. Enter principal office address		City Warren	Zip 02885

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.
PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>					
President Name J Timothy O'Reilly			Vice President Name William J. Corcoran		
Street Address P.O. Box 484			Street Address 28 Ward Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Arthur Sampson			Treasurer Name Gertrude Orenberg		
Street Address 11 Friendship Street			Street Address 257 Lawnacre Drive		
City Newport	State RI	Zip 02840	City Cranston	State RI	Zip 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/> 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 Lee Dalphonse			Director Name Mary Dwyer		
Street Address 7 Boulder Drive			Street Address 83 Rosegarden Street		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02888
Director Name Christian L. Stephens			Director Name		
Street Address 21 Lakeshore Drive			Street Address		
City Bellingham	State MA	Zip 02019	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78	
Agent Name JOSEPH DIGIANFILIPPO, ESQ	Address VIEIRA & DIGIANFILIPPO LTD.
Address 50 PARK ROW WEST, SUITE 100	City PROVIDENCE
	Zip 02903

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



File Date	FILED
Check No.	AUG 25 2003
By	By [Signature]
FOR SECRETARY OF STATE USE ONLY	

Gertrude Orenberg
Secretary 8/20/03

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.

<i>[Signature]</i> Signature of Officer	6/27/03 Date
Daniel J. Vieira-Meyer Print or Type Name of Officer	
Executive Director Title of Officer	