RI SOS Filing Number: 201858719100 Date: 2/21/2018 12:07:00 PM

(FF)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015 **Non-Profit Corporation**

- -> Filing period: June 1 June 30
- → Filing Fee \$20.00
 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

2018 FEB 21 AM 11:5	RECEIVED SECRETARY OF STATE OF
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Premary: Additional \$25.00 lee ii	ionn is not mod.	oy cary oo.			<u>ф</u>			
1. Entity ID Number	2 Exact name of the Corporation							
30257	Transition House, Inc.							
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island							
Rhode Island	Residential Services for Children and Youth, Education Services and all related businesses							
4. NAICS Code	1							
624190 - Other Individual and F.								
6. Principal Office Address	*		City	State	Zip			
15 Parker Street			Lincoln	RI	02865			
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Matthew E. Tomellini			Vice-President Name John Tomellini					
Street Address 46 Atlantic Avenue			Street Address 46 Atlantic Avenue					
City Misquamicut	State RI	Zip 02891	City Misquamicut	Stale RI	^{Zip} 02891			
Secretary Name Matthew E. Tomellini			Treasurer Name Matthew E. Tomellini					
Street Address 46 Atlantic Avenue			Street Address 46 Atlantic Avenue					
City Misquamicut	State RI	^{Zıp} 02891	^{Crty} Misquamicut	State RI	^{Zip} 02891			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name Matthew E. Tomellini			Director Name John Tomellini					
Street Address 46 Atlantic Avenue			Street Address 46 Atlantic Avenue					
City Misquamicut	State RI	Z ₁ p 02891	City Misquamicut	State RI	Zip 02892			
Director Name Haroldo Alvizures			Director Name					
Street Address 302 Central Street			Street Address					
City Central Falls	State RI	Zip 02863	City	State	Zıp			
9 Registered Agent in Rhode Islan	d. This information	on is currently of reco	rd in the Department of State. Chang	ges require filing Form 6	41			
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.								
This report must be signed by either the President, Vice-President, Secretary, Assistant Sucretary, Treesurer, duly Authorized Representative, Receiver or Trustee								
Name of Officer/Authorized Representative								
MATTHEW E. TOMETUMI 2/20/18								
Signature of Officer/Authorized Representative								
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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