



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 FEB 21 AM 11:59

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.

|                                                                                                                                                                                                                    |                 |                                                                                                                                                                                  |                                            |                        |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>30257</b>                                                                                                                                                                                |                 | 2. Exact name of the Corporation<br><b>Transition House, Inc.</b>                                                                                                                |                                            |                        |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Residential Services for Children and Youth, Education Services and all related businesses</b> |                                            |                        |                     |
| 4. NAICS Code<br><b>624190 - Other Individual and F.</b>                                                                                                                                                           |                 |                                                                                                                                                                                  |                                            |                        |                     |
| 6. Principal Office Address<br><b>15 Parker Street</b>                                                                                                                                                             |                 |                                                                                                                                                                                  | City<br><b>Lincoln</b>                     | State<br><b>RI</b>     | Zip<br><b>02865</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                     |                 |                                                                                                                                                                                  |                                            |                        |                     |
| President Name <b>Matthew E. Tomellini</b>                                                                                                                                                                         |                 |                                                                                                                                                                                  | Vice-President Name <b>John Tomellini</b>  |                        |                     |
| Street Address <b>46 Atlantic Avenue</b>                                                                                                                                                                           |                 |                                                                                                                                                                                  | Street Address <b>46 Atlantic Avenue</b>   |                        |                     |
| City <b>Misquamicut</b>                                                                                                                                                                                            | State <b>RI</b> | Zip <b>02891</b>                                                                                                                                                                 | City <b>Misquamicut</b>                    | State <b>RI</b>        | Zip <b>02891</b>    |
| Secretary Name <b>Matthew E. Tomellini</b>                                                                                                                                                                         |                 |                                                                                                                                                                                  | Treasurer Name <b>Matthew E. Tomellini</b> |                        |                     |
| Street Address <b>46 Atlantic Avenue</b>                                                                                                                                                                           |                 |                                                                                                                                                                                  | Street Address <b>46 Atlantic Avenue</b>   |                        |                     |
| City <b>Misquamicut</b>                                                                                                                                                                                            | State <b>RI</b> | Zip <b>02891</b>                                                                                                                                                                 | City <b>Misquamicut</b>                    | State <b>RI</b>        | Zip <b>02891</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |                                                                                                                                                                                  |                                            |                        |                     |
| Director Name <b>Matthew E. Tomellini</b>                                                                                                                                                                          |                 |                                                                                                                                                                                  | Director Name <b>John Tomellini</b>        |                        |                     |
| Street Address <b>46 Atlantic Avenue</b>                                                                                                                                                                           |                 |                                                                                                                                                                                  | Street Address <b>46 Atlantic Avenue</b>   |                        |                     |
| City <b>Misquamicut</b>                                                                                                                                                                                            | State <b>RI</b> | Zip <b>02891</b>                                                                                                                                                                 | City <b>Misquamicut</b>                    | State <b>RI</b>        | Zip <b>02892</b>    |
| Director Name <b>Haroldo Alvizures</b>                                                                                                                                                                             |                 |                                                                                                                                                                                  | Director Name                              |                        |                     |
| Street Address <b>302 Central Street</b>                                                                                                                                                                           |                 |                                                                                                                                                                                  | Street Address                             |                        |                     |
| City <b>Central Falls</b>                                                                                                                                                                                          | State <b>RI</b> | Zip <b>02863</b>                                                                                                                                                                 | City                                       | State                  | Zip                 |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641                                                                           |                 |                                                                                                                                                                                  |                                            |                        |                     |
| <b>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.</b>        |                 |                                                                                                                                                                                  |                                            |                        |                     |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>                                          |                 |                                                                                                                                                                                  |                                            |                        |                     |
| Name of Officer/Authorized Representative<br><b>MATTHEW E. TOMELLINI</b>                                                                                                                                           |                 |                                                                                                                                                                                  |                                            | Date<br><b>2/20/18</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Matthew E. Tomellini</i>                                                                                                                                      |                 |                                                                                                                                                                                  |                                            |                        |                     |

FILED

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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FORM 631 - Revised: 11/2017