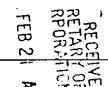
RI SOS Filing Number: 201858719470 Date: 2/21/2018 12:06:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014 **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	2 Exact name of the Corporation					
30257	Transition House, Inc.					
3 State of Incorporation	5. 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. Tomell	ini		Vice-President Name John Tomellini			
Street Address 46 Atlantic Avenue			Street Address 46 Atlantic Avenue			
City Misquamicut	State RI	^{Zip} 02891	City Misquamicut	State RI	Zip 02891	
Secretary Name Matthew E. Tomellini			Treasurer Name Matthew E. Tomellini			
Street Address 46 Atlantic Avenue			Street Address 46 Atlantic Avenue			
^{Cıty} Misquamicut	State RI	Zip 02891	City 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	Zip 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	^{Zıp} 02863	City	State	Zıp	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641						
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 Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative				Date	Date	
MATTHEN E. TOMELLINI 2/20/18						
Signature of Officer/Authorized Representative Multiple Formal Common State (1990) (1990) File FILED						
//www.str omerum						

MAIL TO:

Division of Business Services

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

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

