RI SOS Filing Number: 201858719830 Date: 2/21/2018 12:04:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2012

Non-Profit Corporation

→ Filing period, June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee		by July 30.			STATE DIV	
1. Entity ID Number	Entity ID Number 2. Exact name of the Corporation					
30257	Transit	Transition House, Inc.				
State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Residential Services for Children and Youth, Education Services and all related businesses				
4. NAICS Code 624190 - Other Individual and	F.					
6. Principal Office Address			City	State	Zıp	
15 Parker Street			Lincoln	RI	02865	
7. List ALL officers (names and a	addresses)	•	•	Check the box to indi	cate 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	Z ₁ p 02891	City Misquamicut	State RI	^{Z_ip} 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	Zip 02891	City Misquamicut	State RI	^{Zip} 02891	
8. List ALL directors (names and	l addresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indi	cale an attachment	
Director Name Matthew E. Tome	llini		Director Name John Tomellini			
Street Address 46 Atlantic Avenue			Street Address 46 Atlantic Avenue			
^{City} Misquamicut	State RI	^{Zıp} 02891	Cily Misquamicut	State RI	Zip 02892	
Director Name Haroldo Alvizures			Director Name			
Street Address 302 Central Street			Street Address			
City Control Salle	State DI	Zip nages	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

MATTHEW E. TOMETURI

Date 2/20/18

Signature of Officer/Authorized Representative

Matthew Formeline FILE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.rr.gov FEB 2 1 2018

BY \$ 324790

12:04

FORM 631 - Revised: 11/2017