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: 2011
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: **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	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**	State: **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**	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**	Zip: **02863**	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

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
MATTHEW E. TOMELLINI	2/20/18

Signature of Officer/Authorized Representative: Matthew E Tomellini

SIGN DOCUMENT **FILED**

FEB 21 2018

BY 324790

12:03

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017