RI SOS Filing Number: 201858720160 Date: 2/21/2018 12:02:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2010
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	SEC
FEB 21	RECEIVED CRETARY OF SORPORATIONS
AM 11: 59	/ED STATE GNS DIV

1. Entity ID Number	2. Exact name of	•			-	
30257	Transitio	on 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						
624190 - Other Individual and F.						
6. Principal Office Address	<del></del>		City	State	Zıp	
15 Parker Street			Lincoln	RI	02865	
7. List ALL officers (names and add	lresses)		<u> </u>	Check the box to indic	ate 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	<sup>Zip</sup> 02891	
Secretary Name Matthew E. Tomell				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	<sup>Zip</sup> 02891	
8 List ALL directors (names and ac	ldresses). RI Corp	orations MUST I	ist at least THREE directors.	Chack the box to indir	rate an attachment	
Director Name Matthew E. Tomellini			Check the box to indicate an attachment L  Director Name John Tomellini			
Street Address 46 Atlantic Avenue			Street Address 46 Atlantic Avenue			
City Misquamicut	State RI	<sup>Z<sub>IP</sub></sup> 02891	City Misquamicut	State RI	Zip <b>02892</b>	
Director Name Haroldo Alvizures			Director Name			
Street Address 302 Central Street			Street Address			
City Central Falls	State RI	<sup>Zip</sup> 02863	City	State	Zıp	
9 Registered Agent in Rhode Islan	I d. This information i	s currently of recor	d in the Department of State. Char	nges require filing Form 6	41	
Under penalty of perjury, I declar statements, and that all statemer				accompanying sched	ules and	
This report must be signed by either the Pres				presentative, Receiver or Tru	stee	
Name of Officer/Authorized Representative					0/15	
MATTHEW E. TOMELUNI  MATTHEW E. TOMELUNI						
Signature of Officer/Authorized Rep	resentative			<del></del>	<del></del>	
Muttur & -	molling.	ija 1942. – 1	FILED		<u> </u>	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri gov FEB 2 1 2018 BY \$ 324790