



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: **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.

1. Entity ID Number 30257		2. Exact name of the Corporation 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 15 Parker Street			City Lincoln	State RI	Zip 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.					
<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 MATTHEW E. TOMELLINI					Date 2/20/18
Signature of Officer/Authorized Representative <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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BY **A 324790**
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FORM 631 - Revised: 11/2017