



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 APR 24 AM 11:53

Annual Report for the year:
Non-Profit Corporation

2018

- 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 116482		2. Exact name of the Corporation LaCase Development Corp	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE ELDERLY PERSONS WITH HOUSING FACILITIES + SERVICES SPECIFICALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL + PSYCHOLOGICAL NEEDS	
4. NAICS Code 624120			
6. Principal Office Address 861 A BROAD ST		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name JAMES COMER		Vice-President Name DEAN HARRISON	
Street Address 861 A BROAD ST		Street Address 861 A BROAD ST	
City PVD	State RI	City PVD	State RI
Zip 02907		Zip 02907	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name BARBARA COLT		Director Name JULIA BUSH	
Street Address 861 A BROAD ST		Street Address 861 A BROAD ST	
City PVD	State RI	City PVD	State RI
Zip 02907		Zip 02907	
Director Name ANA ZABBAUGH		Director Name	
Street Address 861 A BROAD ST		Street Address	
City PVD	State RI	City	State
Zip 02907		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 JAMES A. COMER		Date 4/24/18	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE APR 24 2018 11:55	

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

BY **KLC 24549894**