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

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CORPORATIONS DIV.
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**Annual Report for the year:** 2017
**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: 116980 | 2. Exact name of the Corporation: LaCasa 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: 861A BROAD ST | Street Address: 861A BROAD ST |
| City: PVD; State: RI; Zip: 02907 | City: PVD; State: RI; Zip: 02907 |
| Secretary Name: | Treasurer Name: |
| Street Address: | Street Address: |
| City; State; Zip: | City; State; 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: 861A BROAD ST | Street Address: 861A BROAD ST |
| City: PVD; State: RI; Zip: 02907 | City: PVD; State: RI; Zip: 02907 |
| Director Name: Lynn Sabbagh | Director Name: |
| Street Address: 861A Broad ST | Street Address: |
| City: PVD; State: RI; Zip: 02907 | 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: JAMES A. COMER
Date: 4/24/18
Signature of Officer/Authorized Representative:
SIGN DOCUMENT

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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: 06/2017