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: 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	2. Exact name of the Corporation
116980	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	City	State	Zip
861 A BROAD ST	PROVIDENCE	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JAMES COMER	DEAN HARRISON
Street Address: 861A BROAD ST	Street Address: 861 A 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	Director Name
BARBARA COLT	JULIA BUSH
Street Address: 861 A 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: [signature] SIGN DOCUMENT

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BY VL C 24549894

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