



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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY 16 PM 2:24

Annual Report for the year: **2018**

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 001666488		2. Exact name of the Corporation AHEPA AFFORDABLE HOUSING MANAGEMENT COM			
3. State of Incorporation IN		5. Brief description of the character of business conducted in Rhode Island Property Management			
4. NAICS Code 624120 - Services for Elderly ar					
6. Principal Office Address 10706 Sky Prairie Street		City Fishers		State IN	Zip 46038
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ARTHUR POLY			Vice-President Name Stephani Calderon		
Street Address 5340 NW 2ND AVE #27			Street Address 10782 Onyx		
City Boca Raton	State FL	Zip 33487	City Carmal	State IN	Zip 46032
Secretary Name Stephani Calderon			Treasurer Name ARTHUR POLY		
Street Address 10782 Onyx			Street Address 5340 NW 2ND AVE #27		
City Carmal	State IN	Zip 46032	City Boca Raton	State FL	Zip 33487
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.					
<i>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>					
<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 Stephani Calderon				Date 05/14/2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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

FILED

MAY 16 2018

BY **330740**

FORM 631 - Revised: 11/2017