



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

91011

2. Name of Corporation

Community Apartments for Tenants, Inc.

3. Street Address Principal Business Office

445 DEXTER STREET

City

CENTRAL FALLS

State

RI

Zip

02863-

4. Business Phone No.

4017238730

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

TI INVEST IN HOLD STOCK OR PARTNERSHIP INTERESTS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

James Ruthowski

Vice President Name

Robert Charette

Street Address

445 Dexter Street

Street Address

445 Dexter Street

City

Central Falls

State

RI

Zip

02863

City

Central Falls

State

RI

Zip

02863

Secretary Name

Robert Poirer

Treasurer Name

Linda Cipriano

Street Address

445 Dexter Street

Street Address

445 Dexter Street

City

Central Falls

State

RI

Zip

02863

City

Central Falls

State

RI

Zip

02863

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

James Ruthowski

Director Name

Robert Charette

Street Address

445 Dexter Street

Street Address

445 Dexter Street

City

Providence

State

RI

Zip

02863

City

Providence

State

RI

Zip

02863

Director Name

Norm DeGuilio

Director Name

Robert Poirier

Street Address

445 Dexter Street

Street Address

445 Dexter Street

City

Providence

State

RI

Zip

02863

City

Providence

State

RI

Zip

02863

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 1 0 1 1

\*91011 DBC 03/03/04 02:46:13 PM\*

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91011 2. Name of Corporation Community Apartments for Tenants, Inc.  
3. Street Address Principal Business Office 445 DEXTER STREET City CENTRAL FALLS State RI Zip 02863 -  
4. Business Phone No. 4017238730 5. State of Incorporation RHODE ISLAND 6. SIC Code 8888  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TI INVEST IN HOLD STOCK OR PARTNERSHIP INTERESTS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name James Ruthowski Street Address 445 Dexter Street City Central Falls State RI Zip 02863	Vice President Name Robert Charette Street Address 445 Dexter Street City Central Falls State RI Zip 02863
Secretary Name Robert Poirer Street Address 445 Dexter Street City Central Falls State RI Zip 02863	Treasurer Name Linda Cipriano Street Address 445 Dexter Street City Central Falls State RI Zip 02863

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name James Ruthowski Street Address 445 Dexter Street City Providence State RI Zip 02863	Director Name Robert Charette Street Address 445 Dexter Street City Providence State RI Zip 02863
Director Name Linda Cipriano Street Address 445 Dexter Street City Providence State RI Zip 02863	Director Name Robert Poirier Street Address 445 Dexter Street City Providence State RI Zip 02863

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES	Class/Series	Par Value
100	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



9 1 0 1 1

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.

Signature of Officer

Date

James S. Ruthowski  
President

Title of Officer

Form 630 12/01

\*91011 DBC 03/04 02:13 PM\*

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \*91011\* 2. Name of Corporation Community Apartments for Tenants, Inc.  
3. Street Address Principal Business Office 445 DEXTER STREET City CENTRAL FALLS State RI Zip 02863-  
4. Business Phone No. 4017238730 5. State of Incorporation RHODE ISLAND 6. SIC Code 8888  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TI INVEST IN HOLD STOCK OR PARTNERSHIP INTERESTS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name James Ruthowski Street Address 445 Dexter St. City Central Falls State RI Zip 02863	Vice President Name Alido Baldera Street Address 445 Dexter St. City Central Falls State RI Zip 02863
Secretary Name Robert Poirier Street Address 445 Dexter St. City Central Falls State RI Zip 02863	Treasurer Name Linda Cipriano Street Address 445 Dexter St. City Central Falls State RI Zip 02863

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name James Ruthowski Street Address 445 Dexter St. City Central Falls State RI Zip 02863	Director Name Alido Baldera Street Address 445 Dexter St. City Central Falls State RI Zip 02863
Director Name Linda Cipriano Street Address 445 Dexter St. City Central Falls State RI Zip 02863	Director Name Robert Poirier Street Address 445 Dexter St. City Central Falls State RI Zip 02863

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES Number of Shares	Class/Series	Par Value
100	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

Signature of Officer

Date

James Ruthowski

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01

\*\*91011\* 1/21/03 11:45:39 AM\*  
File Date 3-18-03  
Check No. 81065  
By 110  
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91011 2. Name of Corporation Community Apartments for Tenants, Inc.  
3. Street Address Principal Business Office 445 Dexter Street City Central Falls State RI Zip 02863  
4. Business Phone No. (401) 723-8730 5. State of Incorporation RHODE ISLAND 6. SIC Code 8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Acquire, own, develop and operate housing projects for low income families.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kenneth Castle Vice President Name Alido Baldera  
Street Address 445 Dexter Street Street Address 445 Dexter Street  
City Central Falls State RI Zip 02863 City Central Falls State RI Zip 02863  
Secretary Name Alido Baldera Treasurer Name Linda Cipriano  
Street Address 445 Dexter Street Street Address 445 Dexter Street  
City Central Falls State RI Zip 02863 City Central Falls State RI Zip 02863

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Kenneth Castle Director Name Alido Baldera  
Street Address 445 Dexter Street Street Address 445 Dexter Street  
City Central Falls State RI Zip 02863 City Central Falls State RI Zip 02863  
Director Name Linda Cipriano Director Name  
Street Address 445 Dexter Street Street Address  
City Central Falls State RI Zip 02863 City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 1 0 1 1 \*

File Date: 2/13/02  
Check No.: 1508  
By: 15

FOR SECRETARY OF STATE USE ONLY

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.

✓ Kenneth R. Castle 1/13/02  
Signature of Officer Date

Kenneth R. Castle  
Print or Type Name of Officer

President  
Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

91011

2. Name of Corporation

Community Apartments for Tenants, Inc.

3. Street Address Principal Business Office  
445 Dexter Street

City  
Central Falls

State  
RI

Zip  
02863

4. Business Phone No.

5. State of Incorporation

(401) 723-8730

Rhode Island

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Acquire, own, develop and operate housing projects for low-income families.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Kenneth Castle

Street Address

445 Dexter Street

City State Zip  
Central Falls RI 02863

Vice President Name

Alido Baldera

Street Address

445 Dexter Street

City State Zip  
Central Falls RI 02863

Secretary Name

Alido Baldera

Street Address

445 Dexter Street

City State Zip  
Central Falls RI 02863

Treasurer Name

Linda Cipriano

Street Address

445 Dexter Street

City State Zip  
Central Falls RI 02863

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Kenneth Castle

Street Address

445 Dexter Street

City State Zip  
Central Falls RI 02863

Director Name

Alido Baldera

Street Address

445 Dexter Street

City State Zip  
Central Falls RI 02863

Director Name

Linda Cipriano

Street Address

445 Dexter Street

City State Zip  
Central Falls RI 02863

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000	Common	No Par Value

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: APR 18 2001

Check No.: By *[Signature]*

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Kenneth R. Castle* 3/06/01  
Signature of Officer Date

Kenneth R. Castle

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation			
91011		Community Apartments for Tenants, Inc.			
3. Street Address Principal Business Office		City	State	Zip	
14 Moore Street		Central Falls	RI	02863	
4. Business Phone No.		5. State of Incorporation		6. SIC Code	
(401) 723-8730		RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island					
Acquire, own, develop and operate housing projects for low-income families.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name		Vice President Name			
Kenneth Castle		Alido Baldera			
Street Address		Street Address			
14 Moore Street		14 Moore Street			
City	State	Zip	City	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
Secretary Name		Treasurer Name			
Kenneth Castle		Linda Cipriano			
Street Address		Street Address			
14 Moore Street		14 Moore Street			
City	State	Zip	City	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name		Director Name			
Kenneth Castle		Alido Baldera			
Street Address		Street Address			
14 Moore Street		14 Moore Street			
City	State	Zip	City	State	Zip
Central Falls	RI	02863	Central Falls	RI	02863
Director Name		Director Name			
Linda Cipriano					
Street Address		Street Address			
14 Moore Street					
City	State	Zip	City	State	Zip
Central Falls	RI	02863			
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 1 0 1 1 \*

**FILED**

File Date: \_\_\_\_\_

MAR 03 2000

Check No.: \_\_\_\_\_

By: 08 028929

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Kenneth R. Castle 2/7/00  
Signature of Officer Date

Kenneth R. Castle

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

1999



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporation No. <b>97011</b>		2. <b>Community Apartments for Tenants, Inc.</b>	
3. Street Address Principal Business Office <b>14 Moore Street</b>		City <b>Central Falls</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 723-8730</b>		5. <b>RHODE ISLAND</b>	
6. State <b>0000</b>		7. Zip <b>02863</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island Acquire, own, develop and operate housing projects for low-income families.			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Kenneth Castle</b>		Vice President Name <b>Alido Baldera</b>	
Street Address <b>14 Moore Street</b>		Street Address <b>14 Moore Street</b>	
City <b>Central Falls</b>	State <b>RI</b>	City <b>Central Falls</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02863</b>	
Secretary Name <b>Alido Baldera</b>		Treasurer Name <b>Linda Cipriano</b>	
Street Address <b>14 Moore Street</b>		Street Address <b>14 Moore Street</b>	
City <b>Central Falls</b>	State <b>RI</b>	City <b>Central Falls</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02863</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>Kenneth Castle</b>		Director Name <b>Alido Baldera</b>	
Street Address <b>14 Moore Street</b>		Street Address <b>14 Moore Street</b>	
City <b>Central Falls</b>	State <b>RI</b>	City <b>Central Falls</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02863</b>	
Director Name <b>Linda Cipriano</b>		Director Name <b>Linda Cipriano</b>	
Street Address <b>14 Moore Street</b>		Street Address <b>14 Moore Street</b>	
City <b>Central Falls</b>	State <b>RI</b>	City <b>Central Falls</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02863</b>	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares <b>2,000 SHS NO PAR VALUE</b>	Class/Series	Par Value	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares <b>100</b>	Class/Series <b>Common</b>	Par Value <b>No Par Value</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 1 0 1 1 \*

File Date: Mar 2, 99

Check No.: 13952

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Kenneth R. Castle 2-15-99  
Signature of Officer Date

**Kenneth R. Castle**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91011** 2. Name of Corporation **Community Apartments for Tenants, Inc.**  
3. Street Address Principal Business Office **400 Dexter Street** City **Central Falls** State **RI** Zip **02863**  
4. Business Phone No. **(401) 723-8730** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Acquire, own, develop and operate housing projects for low-income families.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name	Vice President Name
<b>Kenneth Castle</b>	<b>Alido Baldera</b>
Street Address	Street Address
<b>400 Dexter Street</b>	<b>400 Dexter Street</b>
City	City
<b>Central Falls</b>	<b>Central Falls</b>
State	State
<b>RI</b>	<b>RI</b>
Zip	Zip
<b>02863</b>	<b>02863</b>
Secretary Name	Treasurer Name
<b>Alido Baldera</b>	<b>Michael Braet</b>
Street Address	Street Address
<b>400 Dexter Street</b>	<b>400 Dexter Street</b>
City	City
<b>Central Falls</b>	<b>Central Falls</b>
State	State
<b>RI</b>	<b>RI</b>
Zip	Zip
<b>02863</b>	<b>02863</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Director Name
<b>Kenneth Castle</b>	<b>Alido Baldera</b>
Street Address	Street Address
<b>400 Dexter Street</b>	<b>400 Dexter Street</b>
City	City
<b>Central Falls</b>	<b>Central Falls</b>
State	State
<b>RI</b>	<b>RI</b>
Zip	Zip
<b>02863</b>	<b>02863</b>
Director Name	Director Name
<b>Michael Braet</b>	
Street Address	Street Address
<b>400 Dexter Street</b>	
City	City
<b>Central Falls</b>	
State	State
<b>RI</b>	
Zip	Zip
<b>02863</b>	

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>2,000 SHS NO PAR VALUE</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date: **FEB 19 1998**

Check No.: **By CC 002/032**

By: **By CC 002/032**

FOR SECRETARY OF STATE USE ONLY

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.

86. 11d 9th 2 **ALLEN** **29-98**  
Signature of Officer **Kenneth Castle** Date  
Printed Name of Officer **Kenneth Castle**  
Title of Officer **President**





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

91011

2. Name of Corporation

Community Apartments for Tenants, Inc.

3. Street Address Principal Business Office

400 Dexter Street

City

Central Falls

State

RI

Zip

02863

4. Business Phone No.

401-723-8730

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Acquire, own, develop and operate housing projects for low-income families

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Kenneth Castle

Vice President Name

Alido Baldera - William Siemers.

Street Address

400 Dexter Street

Street Address

400 Dexter Street - 400 Dexter Street

City State Zip

Central Falls RI 02863

City State Zip

Central Falls RI 02863

Secretary Name

Alido Baldera

Treasurer Name

Michael Braet

Street Address

400 Dexter Street

Street Address

40 Dexter Street

City State Zip

Central Falls RI 02863

City State Zip

Central Falls RI 02863

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Kenneth Castle

Director Name

Alido Baldera

Street Address

400 Dexter Street

Street Address

400 Dexter Street

City State Zip

Central Falls RI 02863

City State Zip

Central Falls RI 02863

Director Name

William Siemers

Director Name

Michael Braet

Street Address

400 Dexter Street

Street Address

400 Dexter Street

City State Zip

Central Falls RI 02863

City State Zip

Central Falls RI 02863

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

2,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common No par value



\* 9 1 0 1 1 \*

File Date: 6/16/97

Check No.: 1064

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 3/14/97  
Signature of Officer Date

MICHAEL BRAET  
Print or Type Name of Officer

TREASURER  
Title of Officer