



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 108148		2. Exact name of the Corporation HANCOCK ESTATES CORP. (236115)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide elderly or disabled person with housing facilities and services specially designed to meet their physical, social and phychological needs.			
5. Principal office address 1029 Mendon Rd		City Cumberland		State RI	Zip 02864
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward Mulholland		Vice-President Name Joseph Lamagna			
Street Address 1029 Mendon Rd		Street Address 1029 Mendon Rd			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name John Gordon		Treasurer Name Joseph Lamagna			
Street Address 1029 Mendon Rd		Street Address 1029 Mendon Rd			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joanne Buttie		Director Name Lisa Audette			
Street Address 1029 Mendon Rd		Street Address 1029 Mendon Rd			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name John MacQueen		Director Name			
Street Address 1029 Mendon Rd		Street Address			
City Cumberland	State RI 02864	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
SEP 28 2018

4201

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.

Edward Mulholland 9/25/18
Signature of Officer or Authorized Representative Date

Edward F Mulholland
Print or Type Name of Officer or Authorized Representative