



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 STAMP
 FEB 21 2019
 BY 10951

1. Entity ID Number 112506		2. Exact name of the Corporation Associates in Residential Living, Inc.					
3. Principal Office Address 1414 Atwood Avenue				City Johnston		State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Kelly M. Coates				Vice-President Name Sheryl Carpionato			
Street Address 1414 Atwood Avenue				Street Address 1414 Atwood Avenue			
City Johnston		State RI	Zip 02919		City Johnston		Zip 02919
Secretary Name Angelo Marocco, Esq.				Treasurer Name Gary Famiglietti			
Street Address 1200 Reservoir Avenue				Street Address 1414 Atwood Avenue			
City Cranston		State RI	Zip 02920		City Johnston		Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
			100		Common	No Par Value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.							
Name of Authorized Representative Kelly M. Coates						Date 1/30/19	
Signature of Authorized Representative						SIGN DOCUMENT HERE	

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