RI SOS Filing Number: 201900946580 Date: 7/1/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2019

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Filing period: June 1 - June 35;

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number		e of the Corporation	_				
119108		Fellowship Realty Corp.					
State of Incorporation	5. Brief descr	5. Brief description of the character of business conducted in Rhode Island					
RI	To provide	To provide affordable housing exclusively to persons with disabilities.					
4. NAICS Code 81 3 21.9							
6. Principal Office Address	•		City	State "	Zip		
24 Albion Road, Suite 420			Lincoln	RI	02865		
7. List ALL officers (names and a	ddresses)			Check the box to Indi	cate an attachment		
President Name Debra M. Paul			Vice-President Name None				
Street Address 14 Jasons Grant Drive			Street Address				
City Cumberland	State RI	Zip 02864	City	State	Zlp		
Secretary Name Stephen M. Duggan			Treasurer Name Stephen M. Duggan				
Street Address 15 Chase Drive			Street Address 15 Chase Drive				
<sup>City</sup> Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920		
8. List ALL directors (names and	addresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment		
Director Name Robert Colucci			Director Name Sarah Charette				
Street Address 85 E. Matunick Farm Drive			Street Address 2006 Nooseneck Hill Road				
<sup>City</sup> Wakefield	State RI	<sup>Ζιρ</sup> 02879	City Coventry	State RI	Zip 02816		
Director Name Michael Fitzpatrick			Director Name				
Street Address 155 South Main Street			Street Address				
City Providence	State RI	Zip 02903	City	State	Zip		
9. Registered Agent in Rhode tsl	and. This informati	on is currently of reco	rd in the Department of State. Ch	nanges require filing Form 6	541.		
Under penalty of perjury, I dec statements, and that all statem				y accompanying sched	lules and		
This report must be signed by either the P	resident, Vice-Preside	ent, Secretary, Assistant S	Secretary, Treasurer, duly Authorized	Representative, Receiver or Tri	ustee		
Name of Officer/Authorized Representative				Date			
Stephen M. Duggan					× 1- 14		
Signature of Officer/Authorized R		· SIGN DOC	CUMENT 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