



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

FILED

Annual Report for the year: 2019

Non-Profit Corporation

JUL 01 2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 1395 DS

1. Entity ID Number 119108		2. Exact name of the Corporation Fellowship Realty Corp.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide affordable housing exclusively to persons with disabilities.			
4. NAICS Code 813219					
6. Principal Office Address 24 Albion Road, Suite 420			City Lincoln	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip
Secretary Name Stephen M. Duggan			Treasurer Name Stephen M. Duggan		
Street Address 15 Chase Drive			Street Address 15 Chase Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Robert Colucci			Director Name Sarah Charette		
Street Address 85 E. Matunick Farm Drive			Street Address 2006 Nooseneck Hill Road		
City Wakefield	State RI	Zip 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 Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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>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 Stephen M. Duggan				Date 6.27.19	
Signature of Officer/Authorized Representative <i>Stephen M. Duggan</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov