

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS SVCS DIV

2019 AUG 27 A 10: 44

Annual Report for the year: Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25 00 fee if form is not filed by July 30.

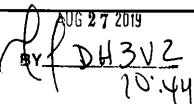
Entity ID Number	2. Exact name of the Corporation	1		
000144395	The adoption Homestudy Service agency			
State of Incorporation	5. Brief description of the charact	ter of business penducted in Rhode	Island (a)	. 7
$\bot \mathcal{R} \mathcal{I}$	the adoption To	st adoption Servi of adoption Homes option Reports + Ho	ces, they	ide ladging
4. NAICS Code	Homestudy Reports	a adoption Homes	tudyup	dales;
999999	Provide Post ad	option Reports 4 No	me as	assments
6. Principal Office Address		City	State	Zip
21 Carlton Que		East Providen	o RI	02914
7. List ALL officers (names and addresses)		Check the box to indicate an attachment		
President Name P. Rose		Vice-President Name Hory Orchibald		
Street Address 20 Cyawam Court		Street Address Hickory	Rd	
5 cekonk	State MA 02771	City North Provider	State RI	- Zip D2904
Secretary Name Souce O'Counor		Treasurer Name. Pickeus		
Street Addless Gally Street		Street Address Collinger Hill Road		
City Providence	State RI 02905	City Dorchester	State	Zip 2119
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name IONA P. ROSS	e	Director Name Marus Q	nchilon	ed.
Street Address GARWOM COURT.		Street Address HICKARU ROAD		
city See Kon K	State MA 02771	City North Provide	State RJ	- Zip 07904
Director Name Susile Pickens Director Name				
Street Address Cod Man	Hill Rd	Street Address	-	
Dorchester	State A D2119	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.				
This report must be signed by either the President, Vice-President, Secretury, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.				
Name of Officer/Authorized Representative			Date	
JONA P. Rose 8-27-20				7-2019
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE				
		Alle Bre and		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov



FORM 631 - Revised: 06/2019