



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 129443		2. Name of Corporation JDC CORPORATION	
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island -Street Address 610 MANTON AVENUE	City PROVIDENCE	Zip 02909-
5. Foreign corporation: Enter principal office address		City	State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
TO PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name June Groden			Vice President Name Gerald Groden		
Street Address 99 Fosdyke Street			Street Address 99 Fosdyke Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Charlie Dyer			Treasurer Name Helen Morcos		
Street Address P.O. Box 516			Street Address 24 Carriage Way		
City Little Compton	State RI	Zip 02837	City North Providence	State RI	Zip 02904

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L 7-6-23

Director Name June Groden			Director Name Gerald Groden		
Street Address 99 Fosdyke Street			Street Address 99 Fosdyke Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Charlie Dyer			Director Name Helen Morcos		
Street Address P.O. Box 516			Street Address 24 Carriage Way		
City Little Compton	State RI	Zip 02837	City North Providence	State RI	Zip 02904

9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.G.L 7-6-13 / 7-6-78

Agent Name John A. Glasson	Address One Providence Washington Plaza, 5th Floor
Address	City Providence
	Zip 02903

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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129443 DNP 06/16/05 10:54:43 AM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 27 2005
72819

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.

Helen Morcos 6/29/05
Signature of Officer Date
Helen Morcos
Print or Type Name of Officer
Treasurer
Title of Officer



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9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 641. R.I.G.L. 7-6-13 / 7-6-78

Agent Name JOHN A. GLASSON, ESQ.	Address
Address ONE PROVIDENCE WASHINGTON PLAZA, 5TH FLOOR	City: PROVIDENCE Zip: 02903

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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129443 DNP 07/15/04 03:10:16 PM

File Date: 8/5/04

Check No.: 810

By: DA

FOR SECRETARY OF STATE USE ONLY

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.

Helen Morcos
Signature of Officer Date: 7/21/04
HELEN MORCOS
Print or Type Name of Officer
CHIEF OPERATING OFFICER
Title of Officer