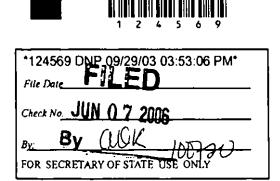


Matthew A. Brown, Secretary of State Corporations Division

AND PROVI		TATIONS		100 North Main Sire	et, Providenco, RI 029 401.2
NON-PROFIT CO Filing Period: June 1 - June	RPORAT	ION ANNUA	L REPORT FOR	THE YEAR 20	005
FORM MUST BE TYPED OR PR	INTED IN BLACE  2. Name of Corpor	0			•
3. State of Incorporation		ess in Rhode Island -Stree		City	7.1p
RHODE ISLAND	150 Colfax		i Address	Providence	02905
. Foreign corporation: Enter prin			City	State	7.ip
i. Brief Description of the characte TO ACT AS A GENERAL P FAMILIES.		-		SING DEVELOPMENTS F	or LOW-INCOME
7. NAMES AND ADDRESSE President Name	S OF THE OFF	ICERS ("X" BOX FO	Vice President Name		TACHMENTS
Joseph A. Caffey			Michael Clemer Sirves Address		. •
Areel Address L50 Colfax Street			150 Colfax St	reet	
	State	71р	City	State	Zip
Cuy Providence	RI	02905	Providence	RI	02905
ecretary Name		G270J	Treasurer Name	•••	
tephen Napolitano			Michael D. Aa	ronson	
Trees Address			Street Address		
50 Colfax Street			150 Colfax St	reet	
Lity	State	7.tp	Clty · -	State	Zip
rovidence	RI	02905	Providence	RI	02905
8. NAMES AND ADDRESSE THE NUMBER OF DIR	ES OF THE DIR RECTORS OF A L	ECTORS ("X" BOX F DOMESTIC (RHODE IS	OR ATTACHMENT)	N SPACES BEFORE USING L NOT BE LESS THAN THR	ATTACHMENTS <i>EE (3</i> ). <i>R.I.G.L 7-6-2</i> 3
Irector Name			Director Name		
Joseph A. Caffey			Michael Cleme	nt	
Street Address	٠		Street Address		
150 Colfax Street			150 Colfax St	reet	
City	State		Clty	State	Zip
Providence	RI	02905	Providence	RI	02905
Director Name	• •	• • • •	Director Name	• • • • •	• • • • • •
Stephen Napolitano			Michael D. Aa	ronson	
Street Address 150 Colfax Street	_	•••••••••	Street Address 150 Colfax St	reet	
_	State	7in	City	State	1 <i>7.ip</i> -
<i>Cuy</i> Providence	RI	<i>Iip</i> 02905	Providence	RI	02905
9. REGISTERED AGENT IN 1gent Name					•
Drew P. Kaplan			·		
lddress .	-		Cliy	Zip '	<del> </del>
One Park Row, Suite 300	)		Providence	029	103
This report must be signed		er the President. Vi		•	
		,		·	_



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. Prod or Type Name of Officer President Title of Officer Form 631 Rev. 6/02

401.222.3040



FORM MUST BE TYPED OR P. L. Corporate ID No.		•			
124569	2. Name of Corp	able Housing, Inc.			
State of Incorporation		_	t Address	City	Zip
RHODE ISLAND			i Address	Providence	02905
. Foreign corporation: Enter pri			City	State	Zip
,			7		
5. Brief Description of the charac	ter of the affairs w	hich are actually conducte	d in Rhode Island		
			ING AND OPERATING HOUSI	ng developments for	LOW-INCO
7. NAMES AND ADDRESS President Name	ES OF THE O	FICERS ("X" BOX FO	RATTACHMENT)   FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
Joseph A. Caffey			Michael Clement		
Street Address			Street Address		
150 Colfax Street			150 Colfax Stre	et	
City	State	Zip	City	State	Zip
rovidence	RI	02905	Providence	RI	02905
ecretary Name			Treasurer Name		
tephen Napolitano			Michael D. Aaron	nson	
irrees Address			Street Address		
50 Colfax Street	_	_	150 Colfax Stree	et .	
City	State	Zip	City	State	Zip
rovidence	RI	02905	Providence	RI	02905
			OR ATTACHMENT)		
irector Name	necions of A	DOMESTIC (NINODE 13	Director Name	OT BE LESS THAN THREE	(a).n.i.u.c / 4
Joseph A. Caffey			Michael Clement		
meet Address			Street Address	• • •	
150 Colfax Street			150 Colfax Stree	~ •	
in collax screet	State	2:-		State	- <b>7</b> :-
rovidence	RI	<i>2ip</i> 02905	City Providence	RI	<i>Zip</i> 02905
Director Name		0.3702	Director Name		
Stephen Napolitano			Michael D. Aaro	nson	
ireet Address			Street Address		
50 Colfax Street			150 Colfax Stre	et	
ìity	State	7ip	City	State	Zip
rovidence	RI	02905	Providence	RI	02905
. REGISTERED AGENT 19 gent Name	N RHODE ISL	AND -DO NOT ALTER- (	Changes require filing of Address	Form 641 -R.I.GL7-6-13	/ 7 <del>-6-</del> 78
Drew P. Kaplan					
•			City	Zip	
ddress			•	·	
<i>ddress</i> One Park Row, Suite 300	<b>1</b>		Providence	02903	



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FOR SECRI	ETARY 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.

Joseph A. Caffey

Print or Type Name of Officer

President Title of Officer

Form 631 Rev. 6/02



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 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 124569 Omni Affordable Housing, Inc. 3. State of Incorporation 4. Corporate address in Rhode Island -Street Address City RHODE ISLAND 150 Colfax Street Providence 02905 State 5. Foreign corporation: Enter principal office address Cin 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO ACT AS A GENERAL PARTNER IN PARTNERSHIPS OWNING AND OPERATING HOUSING DEVELOPMENTS FOR LOW-INCOME FAMILIES. 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael Clement Joseph A. Caffey Sircet Address Sircei Address .150 Colfax Street 150 Colfax Street State Cin State Zip City Zip RT 02905 Providence Providence RI 02905 Secretary Name Treasurer Name Michael D. Aaronson Stephen Napolitano \* Sireei Address Street Address 150 Colfax Street .150 Colfax Street City City State Zin State Zip Providence RΙ 02905 · Providence RI 02905 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 Director Name Michael Clement Joseph A. Caffey Street Address Street Address 150 Colfax Street 150 Colfax Street State Zip State •City City 2ip Providence RΙ 02905 Providence RI 02905 Director Name Director Name Stephen Napolitano Michael D. Aaronson Street Address Street Address 150 Colfax Street 150 Colfax Street State City State Cin RI 02905 ŔΙ 02905 Providence Providence 9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.GL 7-6-13/7-6-78 Agent Name Address Drew P. Kaplan Address 7ip 02903 Providence One Park Row, Suite 300 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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Check No. NUV 1 8 2003  By M12122
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.

Date

Joseph A. Caffe Print or Type Name of Office

President

Title of Officer Form 631 Rev. 6/02