



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. 124569 2. Name of Corporation Omni Affordable Housing, Inc.  
3. State of Incorporation RHODE ISLAND 4. Corporate address in Rhode Island - Street Address 150 Colfax Street City Providence Zip 02905  
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 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 Joseph A. Caffey Vice President Name Michael Clement  
Street Address 150 Colfax Street Street Address 150 Colfax Street  
City Providence State RI Zip 02905 City Providence State RI Zip 02905  
Secretary Name Stephen Napolitano Treasurer Name Michael D. Aaronson  
Street Address 150 Colfax Street Street Address 150 Colfax Street  
City Providence State RI Zip 02905 City Providence State RI Zip 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 Joseph A. Caffey Director Name Michael Clement  
Street Address 150 Colfax Street Street Address 150 Colfax Street  
City Providence State RI Zip 02905 City Providence State RI Zip 02905  
Director Name Stephen Napolitano Director Name Michael D. Aaronson  
Street Address 150 Colfax Street Street Address 150 Colfax Street  
City Providence State RI Zip 02905 City Providence State RI Zip 02905

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 Drew P. Kaplan Address  
One Park Row, Suite 300 City Providence Zip 02903

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



1 2 4 5 6 9

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.

Signature of Officer

Joseph A. Caffey

Print or Type Name of Officer

President

Title of Officer

Date

5-8-06

Form 631 Rev. 6/02

\*124569 DNP 09/29/03 03:53:06 PM\*

File Date

FILED

Check No.

JUN 07 2006

By

By CLK

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Agent Name Drew P. Kaplan  
Address One Park Row, Suite 300  
City Providence Zip 02903

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



1 2 4 5 6 9

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.

Signature of Officer Joseph A. Caffey Date 6-14-04  
Print or Type Name of Officer Joseph A. Caffey  
Title of Officer President

\*124569 DNP 000003 03:53:06 PM\*  
FILED  
File Date JUN 21 2004  
Check No. 35337  
By: [Signature]  
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City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Stephen Napolitano		Treasurer Name Michael D. Aaronson			
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\*124569 DNP 09/09/03 03:53:06 PM\*

File Date **NOV 18 2003**

Check No. **NOV 18 2003**

By: **By m12122**

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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* 10-22-03  
Signature of Officer Date  
Joseph A. Caffey  
Print or Type Name of Officer  
President  
Title of Officer