

* STATE OF KHODE 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	FOD THE VEAD	2005
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1. Corporate ID No. 128769* 3. State of Incorporation	2. Name of Corp	CK)				
7 6000 0000		using Corporation				
3. Sieve of incorporation		fress in Rhode Island -Sire	et Address	18.		
Rhode Island	50 11	oshing Lon	Square	City	Zip	
5. Foreign corporation: Enter	principal office addre	155	City	State	Zip	
				}	Z."/	
6. Brief Description of the char	acter of the affairs wi	hich are actually conducte	d in Rhode Island			
			sing facilities and s			
7. NAMES AND ADDRES President Name	SES OF THE OF	FICERS ("X" BOX FO	RATTACHMENT) FILL IN :	SPACES BEFORE USING	ATTACHMENTS	
J. Clement Cicilline			·Charlotte M. Edwards			
Sirect Address			Street Address			
50 Washington Squa			.50 Washington	Square		
City Newport	State	Zip	Cuy	State	Zip	
newporc	RI	02840	Newport	RI	02840	
John D. Moynehan			Treasurer Name			
Street Address			Robert M. Sabe	! 1 		
50 Washington Squa	are		Street Address			
City	State	7:	.50 Washington	Square		
Newport	RI	<i>Zip</i> 02840	City	State	Zip	
•			Newport	RI	02840	
THE NUMBER OF L	DIRECTORS OF A C	DOMESTIC ("X" BOX F	OR ATTACHMENT) FILL IN LAND) CORPORATION SHALL	SPACES BEFORE USIN	GATTACHMENTS	
Director Name				NOT BE LESS THAN TO	IREE (3).R.I.G.L 7-6-23	
John Booth			Director Name			
ircei Address	· ···	····	Patricia Sarge	nt		
50 Washington Squa	370		-Street Address			
Sin Mabilington Squa	State	(2)	50 Washington			
Newport	RI	<i>Zip</i> 02840	·City	State	Zip	
Director Name	4.77		Newport	RI	02840	
Patricia Gunn			Director Name			
Street Address		······································	John D. Moyneh	dI)	 -	
50 Washington Squa	are		Sired Address 50 Washington Square			
ity	State	Zip	.Cin		72:	
lewport	RI	02840	Newnort	State RI	Zip	
REGISTERED AGENT I	N RHODE ISLAN	D -DO NOT ALTER- C	hanges require filing o	E Corm 644 5:0: -	02840	
sent Name		==::::	Address	r Form 641 -R.I.GL?	-6-13 / 7-6-78	
Stephen P. Ostiguy			50 Washington Squ	1310		
ddress		· 	City			
			1 .	Zip	·· · · · · · · · · · · · · · · · · · ·	
his report must be signed in ink by either the President, Vico		Newport	02			



FOR SECRETARY OF STATE USE ONLY

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

Form 631 Rev. 6/02

NON-PROFIT Filing Period: June 1 -			L REPORT FOR	THE YEAR	2004
FORM MUST BE TYPED O		•			
I. Corporate ID No. 128769	2. Name of Corpo	oration sing Corporation			
3. State of Incorporation RHODE ISLAND 5. Foreign corporation: Ente	- +4. Corporate add		Shington Sq	von Newpo	11, PT 02840
6. Brief Description of the ch TO PROVIDE DISABL THEIR PHYSICAL, S	ED OR BLDERLY	ersons with hous	d in Rhode Island	ERVICES ESPECIALL	Y DESIGNED TO MEET
7. NAMES AND ADDRI President Name J. "Bud" Clement Street Addre's 127 Johnnycake R	Cicilline	FICERS ("X" BOX FOR	RATTACHMENT) FILL IN S Vice President Name Charlotte Edwa Sirect Address 28 West Main F	ards	ATTACHMENTS
City Middletown Secretary Name John D. Moynehan	State RI	<i>Zip</i> 02842	City Middletown Treasurer Name Robert M. Sabe	Siaic RI	<i>Zip</i> 02842
Sirect Address 61 Almy Street			Street Address 50 Washington	Square	
City	1 State	Zip	City	State	Zip
Newport	IRI	02840	Newport	1 _{RI}	02840
THE NUMBER O Director Name John Booth Street Address	F DIRECTORS OF A	DOMESTIC (RHODE IS	Director Name Patricia Gunn Street Address	NOT BE LESS IMAN IA	IREE [3] R.I.G.L 7-6-23
220 Goddard Row			22 Chapel Term	race	
City	State	Zip *	City	'State	·Zip
Newport	RI	02840	Newport	RI	02840
Director Name Patricia Sargent	• • • • •	:::	Director Name	• • •	
Siree Address 269 Oliphant Lar	ne		Street Address		
City Middletown	Siale RI	<i>Zip</i> 02842	City	State	Zip *
9. REGIS'S ERED AGEN	T IN RHODE ISLA	ND -DO NOT ALTER- C	Changes require filing of Address	of Form 641 -R.I.GL	7-6-13 / 7-6-78
Address	-··		City	Zip	
This report must be sig	ned in ink by eith	er the President, Vic	e President, Secretary, As.	. 1 . sistant Secretary, Tred	nsurer, Receiver or Trustee
	8 7 6 9			perjury, I declare and affir ing any accompanying sch	
128769 DNP 08/12 File Date 23	/04 11:34:08 AM - O 🗹	_]	Charl	ettle M. 2	true and correct.
Check No. 301	0	_	Signature of Officer Charlotte	Edwards	Date
By		_	Print or Type Name Vice-Pre		

Title of Officer



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 Fce: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation *128769* Freedom Housing Corporation Zip 3. State of Incorporation 4. Corporate address in Rhode Island -Street Address City RHODE ISLAND State 5. Foreign corporation: Enter principal office address City Zip 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
TO PROVIDE DISABLED OR ELDERLY PERSONS WITH HOUSING PACILITIES AND SERVICES ESPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) IF FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Stephen P. Ostiguy J. Clement Cicilline Street Address Street Address 50 Washington Sqare .50 Washington Square Cin State Zip City State Zip Newport 02840 RT 02840 RI Newport Treasurer Name Secretary Name Patricia Sargent Susan Burton Street Address Street Address .50 Washington Square 50 Washington Square City State Zip City Zip Newport RI 02840 Newport RI 02840 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 John Booth Charlotte M. Edwards Street Address Street Address 50 Washington Square 50 Washington Square State Zip State Zip City RI 02840 Newport RI 02840 Newport Director Name Director Name John D. Moynehan Patricia Gunn ·Street Address Street Address 50 Washington Square 50 Washington Square City Zip City State RI 02840 RΙ 02840 'Newport Newport 9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.GL 7-6-13 / 7-6-78 Address STEPHEN P. OSTIGUY 50 WASHINGTON SQUARE City Zip Address **NEWPORT** 02840-This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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 *128769 DNP6/26/029:44:18 AM* File Date 2332 Date Check No. Stephen P. Ostiguy Print or Type Name of Officer a. Vice-President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 631 Rev. 6/02