State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JUL 08 2020
1467

Annual Report for the year: 2020
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
119108	**Fellowship Realty Corp.**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **To provide affordable housing exclusively to persons with disabilities.**
4. NAICS Code: 813219	

6. Principal Office Address	City	State	Zip
24 Albion Road, Suite 420	**Lincoln**	**RI**	**02865**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Debra M. Paul**			Vice-President Name **None**		
Street Address **14 Jasons Grant Drive**			Street Address		
City **Cumberland**	State **RI**	Zip **02864**	City	State	Zip
Secretary Name **Stephen M. Duggan**			Treasurer Name **Stephen M. Duggan**		
Street Address **15 Chase Drive**			Street Address **15 Chase Drive**		
City **Cranston**	State **RI**	Zip **02920**	City **Cranston**	State **RI**	Zip **02920**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Robert Colucci**			Director Name **Sarah Charette**		
Street Address **85 E. Matunick Farm Drive**			Street Address **2006 Nooseneck Hill Road**		
City **Wakefield**	State **RI**	Zip **02879**	City **Coventry**	State **RI**	Zip **02816**
Director Name **Michael Fitzpatrick**			Director Name		
Street Address **155 South Main Street**			Street Address		
City **Providence**	State **RI**	Zip **02903**	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, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Stephen M. Duggan	6.28.2020

Signature of Officer/Authorized Representative: Stephen M. Duggan SIGN DOCUMENT HERE

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: 03/2019