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