



Department of State - Business Services Division

Annual Report for the year: **2020**  
Corporation

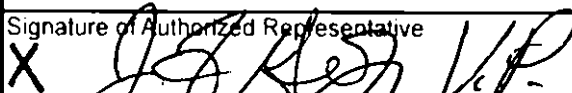
- Filing period January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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FOR  
SECRETARY OF STATE  
USE ONLY

2020 JUL 30 PM 2:56

1. Entity ID Number <b>000109797</b>		2. Exact name of the Corporation <b>COMMUNITY PARTNERS, INC.</b>			
3. Principal Office Address <b>719 FRONT STREET, SUITE 103</b>			City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>ACQUIRES/BUILDS AND OPERATES AFFORDABLE HOUSING OPTIONS FOR RHODE ISLAND RESIDENTS USING TAX AND HISTORIC CREDIT AND GRANT FUNDING MECHANISMS.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>RANDALL SACILOTTO</b>			Vice-President Name <b>JOSEPH F. GARLICK JR</b>		
Street Address <b>8 SANDY WAY</b>			Street Address <b>719 FRONT STREET, SUITE 103</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>
Secretary Name <b>JOSEPH F. GARLICK, JR.</b>			Treasurer Name <b>NONE</b>		
Street Address <b>719 FRONT STREET, SUITE 103</b>			Street Address		
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>8,000.00</b>		<b>CWP</b>	<b>\$1.0000</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative <b>JOSEPH GARLICK, JR</b>				Date <b>7/30/20</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b>	