



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

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1. Entity ID Number 000153023		2. Exact name of the Corporation MEADOWS DEVELOPMENT, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE ELDERLY PERSONS WITH HOUSING FACILITIES AND SERVICES DESIGNED TO MEET THEIR NEEDS AND TO PROMOTE THEIR HEALTH, SECURITY, HAPINESS AND USEFULNESS IN LONGER LIVING.			
4. NAICS Code 624229 - Other Community I					
6. Principal Office Address 719 FRONT STREET, SUITE 103		City WOONSOCKET		State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NANCY GIAMBUSSO			Vice-President Name JOSEPH F. GARLICK, JR.		
Street Address 31 CHERRY HILL AVENUE			Street Address 719 FRONT STREET, SUITE 103		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name JOSEPH F. GARLICK, JR.			Treasurer Name		
Street Address 719 FRONT STREET, SUITE 103			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSEPH F. GARLICK, JR.			Director Name NANCY PARADEE		
Street Address 719 FRONT STREET			Street Address 719 FRONT STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name NANCY BENOIT			Director Name NONE		
Street Address 719 FRONT STREET			Street Address		
City WOONSOCKET	State RI	Zip 02895	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative JOSEPH F. GARLICK, JR				Date 7-30-20	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILEDC	

MAIL TO:
Division of Business Services
148 W. River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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