



STATE OF RHODE 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
401-222-3030

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51481		2. Name of Corporation Silver Lake Annex Multi-Purpose Community Center			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 529 Plainfield Street		City Providence	Zip 02909-4445
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HUMAN SERVICES AGENCY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name A. Vincent Igliazzi			Vice President Name Ann Marie Cavalloro		
Street Address 25 Legion Memorial Drive			Street Address 53 Knight Street		
City Providence	State R.I.	Zip 02909	City Cranston	State R. I.	Zip 02920
Secretary Name Delores Farrow			Treasurer Name Marc Castaldi		
Street Address 363 Simonsville Avenue			Street Address 75 King Philip Street		
City Johnston	State R. I.	Zip 02919	City Providence	State R. I.	Zip 02909
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Philip Almagno			Director Name Jennifer Leach		
Street Address 289 Pocasset Avenue			Street Address 565 Smithfield Road Unit C-3		
City Providence	State R. I.	Zip 02909	City No. Providence	State R. I.	Zip 02904
Director Name Edward De Matteis			Director Name Carl Calicchia		
Street Address 22 Alto Street			Street Address 262 Lowell Avenue		
City Providence	State R.I.	Zip 02920	City Providence	State R. I.	Zip 02909
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name THERESA MEROLLI			Address		
Address 529 PLAINFIELD STREET			City PROVIDENCE	Zip 02909	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



51481

File Date	6-3-05
Check No.	2437
By	[Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature] **5/31/05**
Signature of Officer Date
A. Vincent Igliazzi
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE 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 FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51481		2. Name of Corporation Silver Lake Annex Multi-Purpose Community Center			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 529 Plainfield St.		City Providence	Zip 02909
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HUMAN SERVICES AGENCY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name A. Vincent Iglioizzi			Vice President Name AnnMarie Cavolloro		
Street Address 25 Legion Memorial Drive			Street Address 128 Daniel Ave		
City Providence	State R.I.	Zip 02909	City Providence,	State R. I.	Zip 02909
Secretary Name Delores Farrow			Treasurer Name Marc Castaldi		
Street Address 363 Simmonsville Ave.			Street Address 75 King Philip St.		
City Johnston,	State R.I.	Zip 02919	City Providence,	State R.I.	Zip 02909
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Philip Almagno			Director Name Jennifer Leach		
Street Address 289 Pocasset Ave.			Street Address 565 Smithfield Rd. Unit C-3		
City Providence,	State R.I.	Zip 02909	City No. Prov.	State R.I.	Zip 02904
Director Name Edward DeMatteis			Director Name Carl Calicchia		
Street Address 22 Alto St.			Street Address 262 Lowell Ave.		
City Providence	State R.I.	Zip 02920	City Providence,	State R.I.	Zip 02909
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name THERESA MEROLLI			Address		
Address 529 PLAINFIELD STREET			City PROVIDENCE		Zip 02909

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 1 4 8 1 *

File Date 6/30/04
Check No. 2304
By: DA

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 6-24-04
Signature of Officer Date

A. Vincent Iglioizzi
Print or Type Name of Officer

President
Title of Officer



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 51481		2. Name of Corporation Silver Lake Annex Multi-Purpose Community Center	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 529 Plainfield St.	
5. Foreign corporation. Enter principal office address		City Providence	Zip 02909

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.
HUMAN SERVICES AGENCY

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name A. Vincent Igliozi			Vice President Name AnnMarie Cavolloro		
Street Address 25 Legion Memorial Drive			Street Address 128 Daniel Ave.		
City Providence	State R. I.	Zip 02909	City Providence,	State R. I.	Zip 02909
Secretary Name Delores Farrow			Treasurer Name Marc Castaldi		
Street Address 363 Simmonsville Ave.			Street Address 75 King Philip St.		
City Johnston,	State R. I.	Zip 02919	City Providence	State R. I.	Zip 02909

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN THE 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 Philip Almagno			Director Name Jennifer Leach		
Street Address 289 Pocasset Ave.			Street Address 565 Smithfield Road Unit C-3		
City Prov.	State R. I.	Zip 02909	City No. Prov.	State R. I.	Zip 02904
Director Name Edward DeMatteis			Director Name Carl Calicchia		
Street Address 22 Alto St.			Street Address 262 Lowell Ave.		
City Providence.	State R. I.	Zip 02920	City Providence	State R. I.	Zip 02909

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name THERESA MEROLLI		Address	
Address 529 PLAINFIELD STREET		City PROVIDENCE	Zip 02909

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 1 4 8 1 *

File Date 1-2-03
2168
Check No. 2
By [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 6-23-03
Signature of Officer Date
A. Vincent Igliozi
Print or Type Name of Officer
President
Title of Officer

Filing Fee: \$20.00

To be filed annually during
the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-51481

Annual Report for the year 2002

- The name of the corporation is Silver Lake Annex Multi-Purpose Community Center
- The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
- The address of the registered office of the corporation in this state is SILVER LAKE COMMUNITY CENTER 529
PLAINFIELD STREET PROVIDENCE, RI 02909
and the name of its registered agent in this state at that address is THERESA MEROLLI
- The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Human Services Agency
- If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is _____
- Corporate address in Rhode Island Same as #3
- Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
<u>Philip Almagno</u>	<u>Director</u>	<u>289 Pocasset Avenue, Prov., R.I. 02909</u>
<u>AnnMarie Cavolloro</u>	<u>Director</u>	<u>128 Daniel Ave., Prov., R.I. 02909</u>
<u>Jennifer Leach</u>	<u>Director</u>	<u>47 Sibyl St., Prov., R.I. 02909</u>
<u>A. Vincent Igliozzi</u>	<u>President</u>	<u>25 Legion Memorial Dr., Prov., R.I. 02909</u>
<u>Elaine DeMatteis</u>	<u>Vice-President</u>	<u>22 Alto St., Prov., R.I. 02920</u>
<u>Delores Farrow</u>	<u>Secretary</u>	<u>363 Simmonsville Ave., Johnston, R.I. 02919</u>
<u>Marc Castaldi</u>	<u>Treasurer</u>	<u>75 King Philip St., Prov., R.I. 02909</u>

Dated: June 17, 2002

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.



* 5 1 4 8 1 *

FOR SECRETARY OF STATE USE ONLY

File Date: 7-10-02

Check No.: 1993

By: de

Silver Lake Annex Multi-Purpose Community Center

Exact Name of Corporation

By: A. Vincent Igliozzi
PRESIDENT

Title _____
(Report must be signed by an officer)

Form No. 631
Revised 5/98

Filing Fee: \$20.00

To be filed annually during
the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-51481

Annual Report for the year 2001

1. The name of the corporation is Silver Lake Annex Multi-Purpose Community Center
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is SILVER LAKE COMMUNITY CENTER 529
PLAINFIELD STREET PROVIDENCE, RI 02909
and the name of its registered agent in this state at that address is THERESA MEROLLI
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Human Services Agency
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is _____
6. Corporate address in Rhode Island 529 Plainfield Street
Providence RI 02909
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
Philip Almagno	Director	289 Pocasset Ave. Prov, R.I. 02909
Ann Marie Cavolloro	Director	128 Daniel Ave, Prov, R.I. 02909
Carl Calicchia	Director	262 Lowell Ave, Prov, R.I. 02909
A. Vincent Igliazzi	President	25 Legion Memorial Dr, Prov, R.I. 02909
Elaine DeMatteis	Vice-President	22 Alto St, Cran, R.I. 02920
Dolores Farrow	Secretary	363 Simmonsville Ave, Johnston, R.I. 02919
Marc Castaldi	Treasurer	75 King Philip St, Prov, R.I. 02909

Dated: 6/18/01

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.

Silver Lake Annex Multi-Purpose Community Center

Exact Name of Corporation

By [Signature]
Chairman, Board of Directors

Title _____
(Report must be signed by an officer)

Form No. 631
Revised 5/98



* 5 1 4 8 1 *

FOR SECRETARY OF STATE USE ONLY

File Date: 7-17-01

Check No.: 1242

By: [Signature]

Filing Fee: \$20.00

To be filed annually during
the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-51481

Annual Report for the year 2000

1. The name of the corporation is Silver Lake Annex Multi-Purpose Community Center
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is SILVER LAKE COMMUNITY CENTER 529
PLAINFIELD ST. PROVIDENCE, RI 02909
and the name of its registered agent in this state at that address is THERESA MEROLLI
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Human Services Agency
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is _____
6. Corporate address in Rhode Island _____
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
<u>Philip Almagno</u>	<u>Director</u>	<u>289 Pocasset Ave. Providence, RI 02909</u>
<u>Carl Calicchia</u>	<u>Director</u>	<u>68 Lowell Ave. Providence, RI 02909</u>
<u>Mary Zompa</u>	<u>Director</u>	<u>19 Duxbury Street Providence, RI 02909</u>
<u>A. Vincent Igliazzi</u>	<u>President</u>	<u>25 Legion Memorial Dr. Prov. RI 02909</u>
<u>Fred Santagata Jr.</u>	<u>Vice-President</u>	<u>26 Cavalcade Blvd. Johnston, RI 02919</u>
<u>Elaine DeMatteis</u>	<u>Secretary</u>	<u>22 Alto Street Prov, RI 02920</u>
<u>Marc Castaldi</u>	<u>Treasurer</u>	<u>75 King Philip St. Prov, RI 02909</u>

Dated: June 2, 2000

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.

Silver Lake Multi Purpose Community Center
Exact Name of Corporation

By [Signature]
Title Chairman-Board of Directors
(Report must be signed by an officer)

Form No. 631
Revised 5/98

FOR SECRETARY OF STATE USE ONLY

File Date: 6/9

Check No.: 9858

By: 20

Filing Fee: \$20.00

To be filed annually during
the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number ND-51481

Annual Report for the year 1999

1. The name of the corporation is Silver Lake Annex Multi-Purpose Community Center
2. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
3. The address of the registered office of the corporation in this state is SILVER LAKE COMMUNITY CENTER 529
PLAINFIELD STREET PROVIDENCE, RI 02909
and the name of its registered agent in this state at that address is THERESA MEROLLI
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is
A community based non-profit agency providing Social Services.
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is _____
6. Corporate address in Rhode Island 529 Plainfield St. Providence, R. I.
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
A. Vincent Igliazzi	Director	25 Legion Memorial Drive, Prov. R.I. 02909
Fred Santagata, Jr.	Director	2 Cavalcade Blvd. Johnston, R.I. 02919
Marc Castaldi	Director	75 King Philip St., Prov. R.I. 02909
A. Vincent Igliazzi	President	25 Legion Memorial Drive, Prov. R.I. 02909
Fred Santagata, Jr.	Vice-President	2 Cavalcade Blvd., Johnston, R.I. 02919
Elaine DeMatteis	Secretary	22 Alto St., Providence, R.I. 02920
Marc Castaldi	Treasurer	75 King Philip St., Providence, R.I. 02909

Dated: June 1, 1999



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.

Silver Lake Annex Multi-Purpose Comm. Ctr.
Exact Name of Corporation

By

Title

(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY

File Date: 6-4-99

Check No.: 9305

By: AMF

Form No. NP-13
Revised 5/98

DETACH BOTTOM BEFORE RETURNING

ing Fee: \$20.00

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations

Corporation Division
100 North Main Street
Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number 0051481 Annual Report for the year 1998

FIRST: The name of the corporation is Silver Lake community Cent., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is
a community based non-profit agency providing Social Services

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of
which it is incorporated is N/A

FIFTH: Corporate address in Rhode Island 529 Plainfield Street, Providence
Rhode Island 02909

SIXTH: Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956,
Reenactment of 1994, the number of Directors of a corporation shall not be less than three (3).)

THIS REPORT WILL NOT BE ACCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.

NAME	OFFICE	ADDRESS
A. Vincent Igliazzi	Director	25 Legion Memorial Drive Prov. R. I. 02909
Fred Santagata, Jr.	Director	Cavalcade Drive Johnston, R.I. 02919
Marc Castaldi	Director	75 King Philip St. Prov. R.I. 02909
A. Vincent Igliazzi	President	25 Legion Memorial Drive Prov. R.I. 02909
Fred Santagata, Jr.	Vice-President	Cavalcade Drive Johnston, R.I. 02919
Elaine DeMatta	Secretary	22 Alto St. Providence, R.I. 02920
Marc Castaldi	Treasurer	75 King Philip St. Prov. R.I. 02909
(If additional space is needed, attach rider)		

Dated: August 31 1998 19

Silver Lake Community Center
(Name of Corporation)

By Theresa Meralli

Title Executive Director

(Report must be signed by an officer)

OCT 30 1998 110 8900

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

Filing Fee: \$20.00

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations
Corporation Division
100 North Main Street
Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number.....0051481.....

Annual Report for the year.....1997.....

FIRST: The name of the corporation is Silver Lake Annex Multi-Purpose Community Center

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is
A Community based non-profit agency providing Social Services.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of
which it is incorporated is

FIFTH: Corporate address in Rhode Island 529 Plainfield Street, Providence, R. I.
02909

SIXTH: Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956,
Reenactment of 1994, the number of Directors of a corporation shall not be less than three (3).)

THIS REPORT WILL NOT BE ACCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.

NAME	OFFICE	ADDRESS
A. Vincent Iglioizzi	Director	25 Legion Memorial Drive, Prov. R.I. 02909
Paul Carrier	Director	20 Barrows St., Providence, R.I. 02909
Marc Castaldi	Director	75 King Philip St., Prov. R.I. 02909
A. Vincent Iglioizzi	President	25 Legion Memorial Drive, Prov. R.I. 02909
Paul Carrier	Vice-President	20 Barrows Street, Providence, R. I. 02909
Elaine DeMatteis	Secretary	22 Alto Street, Providence, R. I. 02920
Marc Castaldi	Treasurer	75 King Philip St. Providence, R.I. 02909

(If additional space is needed, attach rider)

Dated: May 19, 19 97

Silver Lake Annex Multi-Purpose Comm. Ctr., Inc.
(Name of Corporation)

By

Theresa Meralli
Executive Director

(Report must be signed by an officer)

Chairman of the Board/Pres
PAID
JUN 12 1997

If corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.
Please contact the Corporation Division, 277-3040, for further information.

15 # 51481

SILVER LAKE COMMUNITY CENTER
BOARD OF DIRECTORS

1996-1997

MARIANNE LAMOTHE	944-5109	10 VIOLA ST. 02909	F 6/97
CARL CALICCHIA	942-3703	62 DANIEL AVE 02909	F 6/97
FRED SANTAGATA, JR.	944-6413	40 RYE ST 02909	L 6/97
JOHN CIPOLLA		591 CHARLES ST 02904	F 6/97
DELORES FARROW	351-1423	157 OPHELIA ST. 02909	L 6/97
JENNIFER LEACH	946-8694	47 SIBYL ST. APT. 1 02909	L 6/97
MARY ZOMPA	946-3783	19 DUXBURY ST. 02909	A 6/97
ELAINE DEMATTEIS	784-9576 943-1923	22 ALTO ST 02920	A 6/97
A. VINCENT IGLIOZZI	944-0831	25 LEGION MEM DR 02909	A 6/97
JOHN TORVI	351-6061	28 KINFIELD ST. 02909	A 6/97
HON. DAVID IGLIOZZI	943-7171	19 LEGION MEM. DR 02909	A 6/97
HON. STEVEN SMITH	521-2191	59 KING PHILIP ST. 02909	A 6/97
PHILIP ALMAGNO	944-4022	289 POCASSEI AVE. 02909	A 6/98
HON. ANTHONY CARNEVALE	949-5587	P.O. BOX 553 GREENVILLE	A 6/98
HON. CHARLENE LIMA	946-5707	131 STERLING AVE. 02909	A 6/98
PAUL CARRIER	943-0433	20 BARROWS ST. 02909	A 6/98
MARC CASTALDI	421-7740	75 KING PHILIP ST 02909	A 6/98
STEVEN PATRIARCA	421-7740 EXT. 334	19 RAYMOND ST. N PROV 02904	A 6/98

Filing Fee: \$20.00

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations

Corporation Division
100 North Main Street
Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number.....0051481.....

Annual Report for the year.....1996.....

FIRST: The name of the corporation is Silver Lake Annex Multi-Purpose Community Center

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is

A community based non-profit agency provideng Social Services.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of
which it is incorporated is

FIFTH: Corporate address in Rhode Island 529 Plainfield Street, Providence;, R.I.

SIXTH: Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956,
Reenactment of 1994, the number of Directors of a corporation shall not be less than three (3).)

THIS REPORT WILL NOT BE ACCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.

NAME	OFFICE	ADDRESS
Theresa Merolli	Director	50 Hauxhurst St., Providence, Rhode Island 02909
A. Vincent Iglioizzi	Director	25 Legion Memorial Drive, Providence, Rhode Island
Paul Carrier	Director	20 Barrows St., Providence, Rhode Island 02909.
A. Vincent Iglioizzi	President	25 Legion Memorial Drive, Providence, Rhode Island
Paul Carrier	Vice-President	20 Barrows St., Providence, Rhode Island 02909.
Elaine De Matteis	Secretary	22 Alto St., Cranston, Rhode Island 02920
Marc Castaldi	Treasurer	75 King Philip Street, Providence, Rhode Island

Dated: June 10, 1996 19

Silver Lake Annex Multi-Purpose Comm. Ctr. Inc.
(Name of Corporation)

By Theresa Merolli

Title Executive Director

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.
Please contact the Corporation Division, 277-3040, for further information.

Filing Fee: \$20.00

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations

Corporation Division
100 North Main Street
Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number 0051481 Annual Report for the year 1995

FIRST: The name of the corporation is Silver Lake Annex Multi-Purpose Community Center

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is

A Community based non-profit agency providing Social Services.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of
which it is incorporated is

FIFTH: Corporate address in Rhode Island 529 Plainfield Street, Providence, R.I.
02909

SIXTH: Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956,
Reenactment of 1994, the number of Directors of a corporation shall not be less than three (3).)

THIS REPORT WILL NOT BE ACCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.

NAME	OFFICE	ADDRESS
Steven Piscopiello	Director	92 Rhode island Street, Cranston, R.I. 02920
A. Vincent Igliazzi	Director	25 Legion Memorial Drive, Prov, R.I. 02909
Paul Carrier	Director	20 Barrows St., Providence, Rhode Island 02909
A. Vincent Igliazzi	President	25 Legion Memorial Drive, Prov, R.I. 02909
Paul Carrier	Vice-President	20 Barrows Street, Prov, R.I. 02909
Elaine De Matteis	Secretary	22 Alto Street, Prov, R.I. 02909
Marc Castaldi	Treasurer	75 King Philip St, Prov, R.I. 02909

(If additional space is needed, attach rider)

Dated: June 19 1995

Silver Lake Annex Multi-Purpose Comm. Ctr., Inc.
(Name of Corporation)

By [Signature]

Title Ex. Director

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.
Please contact the Corporation Division, 277-3040, for further information.

Filing Fee: \$20.00

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations
NON-PROFIT CORPORATION

Corporate ID Number... 0051481

Annual Report for the year... 1994

FIRST: The name of the corporation is Silver Lake Annex Multi-Purpose Community Center

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is...
A Community based non-profit agency providing Social Services.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is...

FIFTH: Corporate address in Rhode Island... 529 Plainfield Street, Providence, R.I. 02909

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

NAME	OFFICE	ADDRESS
Steven Piscopiello	Director	42 Sisson Street, Providence, Rhode Island
A. Vincent Igliazzi	Director	25 Legion Memorial Drive, Prov, R.I. 02909
Paul Carrier	Director	20 Barrows St, Prov, R.I. 02909
A. Vincent Igliazzi	President	25 Legion Memorial Drive, Prov, R.I. 02909
Paul Carrier	Vice President	20 Barrows Street, Prov, R.I. 02909
Elaine De Matteis	Secretary	22 Alto Street, Prov, R.I. 02909
Marc Castaldi	Treasurer	75 King Philip St, Prov, R.I. 02909

(If additional space is needed, attach rider)

Dated: June 3 1994 Silver Lake Annex Multi-Purpose Comm. Ctr., Inc.
(Name of Corporation)

By

Title

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Form No. N-12

Pol
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WHS
rem

STEVEN J. PATRIARCA
529 PLAINFIELD ST.
PROVIDENCE RI 02909

Filing Fee: \$20.00

5915 JB

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 0051481

Annual Report for the year 1993

FIRST: The name of the corporation is Silver Lake Annex Multi-Purpose Communi

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is

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FIFTH: Corporate address in Rhode Island 529 Plainfield Street, Prov, R.I. 02909

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

MAY 13 1993
SEC'Y OF STATE

NAME	OFFICE	ADDRESS
Steven Piscopiello	Director	42 Sisson Street, Prov, R.I. 02909
	Director	
	Director	
a. Vincent Igliazzi	President	25 Legion Memorial Drive, Prov, R.I. 02909
Paul Carrier	Vice President	20 Barrows Street, Prov, R.I. 02909
Debra Dyer	Secretary	64 Park View Drive, Pawt, R.I.
Marc Castaldi	Treasurer	75 King Philip St. Prov, R.I. 02909

(If additional space is needed, attach rider)

Dated: May 11, 1973 19

Silver Lake Annex Multi-Purpose Comm. Ctr. Inc.
(Name of Corporation)

By

Title

(Report must be signed by an officer)

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Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Filing Fee: \$20.00

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

5376

Corporate ID Number 0051481

Annual Report for the year 1992

FIRST: The name of the corporation is Silver Lake Annex Multi-Purpose Communi

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is

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FIFTH: Corporate address in Rhode Island 529 Plainfield Street, Prov, R.I. 02909

SIXTH: Names and addresses of its directors and officers:

PAID

(Addresses must include street and number, if any)

MAY 28 1992

SECRET STATE

NAME

OFFICE

Steven Piscopiello	Director	42 Sisson Street, Prov, R.I. 02909
	Director	
	Director	
A. Vincent Igliazzi	President	25 Legion Memorial Drive, Prov, R.I. 02909
Allan Petteruto	Vice President	17 Paolino Street, Prov, R.I. 02909
Debra Dyer	Secretary	64 Park View Drive, Pawt, R.I.
Marc Castaldi	Treasurer	75 King Philip St, Prov, R.I. 02909

(If additional space is needed, attach rider)

Dated: May 26, 1992 19 Silver Lake Annex Multi-Purpose Comm. Ctr

(Name of Corporation)

By [Signature] Title Chairman

(Report must be signed by an officer)

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Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Filing Fee: \$20.00

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 0051481

Annual Report for the year 1991

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FIFTH: Corporate address in Rhode Island 529 Plainfield Street, Prov, R.I. 02909

SIXTH: Names and addresses of its directors and officers:

PAID

JUN 26 1991

(Addresses must include street and number, if any)

SECY OF STATE

NAME	OFFICE	ADDRESS
Steven J. Patriarca	Director	19 Raymond Avenue, No. Prov, R.I.
	Director	
	Director	
A. Vincent Igliazzi	President	25 Legion Memorial Dr. Prov, R.I.
Allan Petteruto	Vice President	17 Paolino St. Prov, R.I.
Debra Dyer	Secretary	64 Laurel Hill Ave, Prov, R.I.
Marc Castaldi	Treasurer	75 King Philip St. Prov, R.I.

(If additional space is needed, attach rider)

Dated: June 24, 1991 19

Silver Lake Annex Multi-Purpose Community,
(Name of Corporation) Center, Inc.

By

Title

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Filing Fee: \$10.00

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations
NON-PROFIT CORPORATION

Corporate ID Number 0051481

Annual Report for the year 1990 **AT**

FIRST: The name of the corporation is Silver Lake Annex Multi-Purpose Communit

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 529 Plainfield Street, Prov, R.I. 02909

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

NAME	OFFICE	ADDRESS
Steven J. Patriarca	Director	19 Raymond Avenue, No. Prov, R.I.
	Director	
	Director	
A. Vincent Iglioizzi	President	25 Legion Memorial Dr. Prov, R.I.
Allan Petteruto	Vice President	17 Paolino St. Prov, R.I.
Debra Dyer	Secretary	64 Laurel Hill Aven, Prov, R.I.
Marc Castaldi	Treasurer	75 King Philip St, Prov, R.I.

(If additional space is needed, attach rider)

Dated: May 23, 1990 19

Silver Lake Annex Multi-Purpose Community
(Name of Corporation)

By [Signature]
Title Board Chairman

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Filing Fee: \$10.00

To be filed annually during
the month of June

State of Rhode Island and Providence Plantations
NON-PROFIT CORPORATION

17✓

Corporate ID Number 0051481

Annual Report for the year 1989

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(Addresses must include street and number, if any)

NAME	OFFICE	ADDRESS
Steven J. Patriarca	Director	19 Raymond Ave, No. Prov, R.I.
	Director	
	Director	
A. Vincent Igliazzi	President	25 Legion Memorial Dr., Prov, R.I.
Allan Peteruto	Vice President	17 Paolino St. Prov, R.I.
Debra Dyer	Secretary	64 Laurel Hill Ave. Prov, R.I.
Marc Castaldi	Treasurer	75 King Philip St, Prov, R.I.
(If additional space is needed, attach rider)		
Dated: June 26 1989		Silver Lake Annex Multi-Purpose Community
		(Name of Corporation)
		Center, Inc.
		By [Signature]
		Title [Signature]

(Report must be signed by an officer)

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Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.