

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

(FORM MUST BE TYPED OR PRINTED IN BLACK)

6-3-05

FOR SECRETARY OF STATE USE ONLY

File Date

Corporations Diction 100 North Main Street Procidence, RI 02903-1335 401-222-3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: June 1 - June 30 • Filing Fee: \$20.00

2005\_\_\_\_

т хойрогаж нэ хо	2 Name of Corporat	1 774			
51481	Silver Lake Annex	Silver Lake Annex Multi-Purpose Community Center			
3 State of his orporation		m khale Island - Street Ada		City	Z4:
RHODE ISLAND	529 Plair	nfield Street		Providence	02909-444
5 Foreign corporation. Enter p	bruicipal Affice address		City	State	/φ
					. <u>.                                   </u>
6 Brief Description of the chara:		re actually conducted in Rhoc	le Island		•
HUMAN SERVICES AGE	:NCY				
7. NAMES AND ADDRESS	SES OF THE OFFICE	FRS. ("Y" BAY SAD ATT	ACHMENT) [ ] FILL IN SPACES	BUUMBU HEING AT	racuments.
President Name	31.3 OF THE OTTIC	LNS. ( X BOX FOR AIZ	Vice President Name	DEFORE OSING AT	IACHMENTS
A. Vincent Igl	linzzi		Ann Marie Cavall	oro	
Street Address	10221		Street Address	010	
25 Legion Memo	rial Drive		53 Knight Street		
City	State	Ζφ	Car:	State	Zψ
Providence	R.I.	02909	l	<b> </b>	1 '
Novelary Name		1 02909	Cranston Treasurer Name	R. I.	02920
Delores Farrow					
· · · · · · · · · · · · · · · · · · ·	V		Marc Castaldi	<del> </del>	
Street Address			Street Address		
	. 1 a . A		1 75 V. D 1 . 0		
363 Simmonsvil		7210	75 King Philip S		216
363 Simmonsvil	State	Σφ	Gty	State	Z1p
363 Simmonsvil	State R. I.	02919	Providence	R. I.	02909
363 Simmonsvil  (a)  Johnston  NAMES AND ADDRESS	R. I. SES OF THE DIREC	02919 TORS: ("X" BOX FOR A	Providence  TTACHMENT) FILL IN SPACES	R. I. BEFORE USING AT	02909 TACHMENTS
363 Simmonsvil  Out  Johnston  NAMES AND ADDRESS  THE NUMBER OF DIRECT	R. I. SES OF THE DIREC	02919 TORS: ("X" BOX FOR A	City     Providence     Providenc	R. I. BEFORE USING AT	02909 TACHMENTS
363 Simmonsvil  cay  Johnston  8. NAMES AND ADDRESS  THE NUMBER OF DIRECT  Director Name	R. I. SES OF THE DIREC	02919 TORS: ("X" BOX FOR A	City Providence TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT Director Name	R. I. BEFORE USING AT	02909 TACHMENTS
363 Simmonsvil  (a)  Johnston  8. NAMES AND ADDRESS  THE NUMBER OF DIRECT  Director Name  Philip Almagno	R. I. SES OF THE DIREC	02919 TORS: ("X" BOX FOR A	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach	R. I. BEFORE USING AT	02909 TACHMENTS
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Philip Almagno	R. I. SES OF THE DIREC	02919 TORS: ("X" BOX FOR A	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address	R. I. BEFORE USING AT	02909 TACHMENTS
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Philip Almagno Street Address 289 Pocasset A	R. I. SES OF THE DIRECTORS OF A DOME  Avenue	02919 TORS: ("X" BOX FOR A STIC (RHODE ISLAN	City Providence TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT Director Name Jennifer Leach Street Address 565 Smithfield R	R. I. BEFORE USING AT BELESS THAN TH	02909 TACHMENTS IREE (3), R.I.G.L. 7
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name Philip Almagno Street Address 289 Pocasset A	R. I. SES OF THE DIRECTORS OF A DOME  Avenue	02919 TORS: ("X" BOX FOR A STIC (RHODE ISLANA	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Duredor Name  Jennifer Leach  Street Address  565 Smithfield R	R. I. BEFORE USING AT LESS THAN THE	02909 TACHMENTS PREE (3). R.I.G.L. 7
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name Philip Almagno Street Address 289 Pocasset A	R. I. SES OF THE DIRECTORS OF A DOME  Avenue	02919 TORS: ("X" BOX FOR A STIC (RHODE ISLAN	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cay  No. Providence	R. I. BEFORE USING AT BELESS THAN TH	02909 TACHMENTS IREE (3), R.I.G.L. 7
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Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Philip Almagno Street Address 289 Pocasset A Guy Providence Director Name Edward De Matt	R. I. SES OF THE DIRECTORS OF A DOME  Avenue  State R. I.	02919 TORS: ("X" BOX FOR A STIC (RHODE ISLANA	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cuty  No. Providence  Director Name  Carl Calicchia	R. I. BEFORE USING AT LESS THAN THE	02909 TACHMENTS PREE (3). R.I.G.L. 7
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Philip Almagno Street Address 289 Pocasset A City Providence Director Name Edward De Matt	R. I. SES OF THE DIRECTORS OF A DOME  Avenue  State R. I.	02919 TORS: ("X" BOX FOR A STIC (RHODE ISLANA	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cuty  No. Providence  Director Name  Carl Calicchia  Street Address	R. I. BEFORE USING AT BELESS THAN TE	02909 TACHMENTS PREE (3). R.I.G.L. 7
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name Philip Almagno Street Address 289 Pocasset A City Providence Director Name Edward De Matt Street Address 22 Alto Street	R. I. SES OF THE DIRECTORS OF A DOME  Avenue  State R. I.	02919 TORS: ("X" BOX FOR A: STIC (RHODE ISLANA  Zij. 02909	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cay  No. Providence  Invector Name  Carl Calicchia  Street Address  262 Lowell Avenu	R. I. BEFORE USING AT BELESS THAN TE  oad Unit C+3  State R. I.	02909 TACHMENTS UREE (3). R.L.G.L. 7 2φ 02904
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name Philip Almagno Street Address 289 Pocasset A City Providence Director Name Edward De Matt Street Address 22 Alto Street	R. I. SES OF THE DIRECTORS OF A DOME  Avenue  State R. I.  State R. I.	02919 TORS: ("X" BOX FOR A: STIC (RHODE ISLANA  Zij- 02909	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cuy  No. Providence  Invector Name  Carl Calicchia  Street Address  262 Lowell Avenu  Cuy	R. I. BEFORE USING AT  BELESS THAN TE  oad Unit C-3  State R. I.	02909 TACHMENTS UREE (3). R.L.G.L. 7 2φ 02904
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name Philip Almagno Street Address 289 Pocasset A City Providence Director Name Edward De Matt Street Address 22 Alto Street City Providence	R. I. SES OF THE DIRECTORS OF A DOME  Avenue  State R. I.  State R. I.	02919 TORS: ("X" BOX FOR A! STIC (RHODE ISLAND  Zip 02909	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cuy  No. Providence  Intector Name  Carl Calicchia  Street Address  262 Lowell Avenu  Cuy  Providence	R. I. BEFORE USING AT BELESS THAN TE  oad Unit C-3  State R. I.	02909 TACHMENTS UREE (3). R.L.G.L. 7
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Philip Almagno Street Address 289 Pocasset A City Providence Director Name Edward De Matt Street Address 22 Alto Street City Providence 9. REGISTERED AGENT 1	R. I. SES OF THE DIRECTORS OF A DOME  Avenue  State R. I.  State R. I.	02919 TORS: ("X" BOX FOR A! STIC (RHODE ISLAND  Zip 02909	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cuty  No. Providence  Director Name  Carl Calicchia  Street Address  262 Lowell Avenu  Cuty  Providence  names require filing of Form	R. I. BEFORE USING AT BELESS THAN TE  oad Unit C-3  State R. I.	02909 TACHMENTS UREE (3). R.L.G.L. 7
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name Philip Almagno Street Address 289 Pocasset A Cate Providence Director Name Edward De Matt Street Address 22 Alto Street Cate Providence 9. REGISTERED AGENT 1 Agent Name	R. I. SES OF THE DIRECTORS OF A DOME  Avenue  State R. I.  State R. I.	02919 TORS: ("X" BOX FOR A! STIC (RHODE ISLAND  Zip 02909	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cuy  No. Providence  Intector Name  Carl Calicchia  Street Address  262 Lowell Avenu  Cuy  Providence	R. I. BEFORE USING AT BELESS THAN TE  oad Unit C-3  State R. I.	02909 TACHMENTS UREE (3). R.L.G.L. 7
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Philip Almagno Street Address 289 Pocasset A City Providence Director Name Edward De Matt Street Address 22 Alto Street City Providence 9. REGISTERED AGENT 1 Agent Name THERESA MEROLLI	R. I. SES OF THE DIRECTORS OF A DOME  Avenue  State R. I.  State R. I.	02919 TORS: ("X" BOX FOR A! STIC (RHODE ISLAND  Zip 02909	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cuy  No. Providence  Director Name  Carl Calicchia  Street Address  262 Lowell Avenu  Cay  Providence  namges require filing of Form  Address	R. I. BEFORE USING AT BELESS THAN TE  Oad Unit C+3 State R. I.  e  State R. I. 641 - R.I.G.L. 7-6-1	02909 TACHMENTS UREE (3). R.L.G.L. 7
Johnston 8. NAMES AND ADDRESS THE NUMBER OF DIRECTOR Name Philip Almagno Street Address 289 Pocasset A City Providence Director Name Edward De Matt Street Address 22 Alto Street City Providence 9. REGISTERED AGENT 1 Agent Name	R. I. SES OF THE DIRECTORS OF A DOME  Avenue  State R. I.  State R. I.	02919 TORS: ("X" BOX FOR A! STIC (RHODE ISLAND  Zip 02909	Providence  TTACHMENT) FILL IN SPACES  D) CORPORATION SHALL NOT  Director Name  Jennifer Leach  Street Address  565 Smithfield R  Cuty  No. Providence  Director Name  Carl Calicchia  Street Address  262 Lowell Avenu  Cuty  Providence  names require filing of Form	R. I. BEFORE USING AT BELESS THAN TE  oad Unit C-3  State R. I.	02909 TACHMENTS UREE (3). R.L.G.L. 7

Signature of Officer

A. Vincent Igleozzi

Prim or Type Name of Officer

President

Tale of Officer

Form 631 Rev. 04/04

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 time and correct.



### 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

FOR SECRETARY OF STATE USE ONLY

NON-PROFIT C	ORPÓRAT	ION ANNUAL	REPORT FOR TH	E YEAR	2004
Filing Period: June 1 - Jun (FORM MUST BE TYPED OR PR	ne 30 🏮 🗀 Fili				
L. Corporate ID No.	2. Name of Corpor				
51481		x Multi-Purpose Community C			
3 State of Incorporation	1 '	ess in Rhode Island - Street Ad	dress	City	Zip
RHODE ISLAND	529 Plain	nfield St.	<u></u>	Providence	
5. Foreign corporation. Enter pr	ncipal office address		Ghy	State	Zip
5. Biref Discription of the characte HUMAN SERVICES AGEN		are actually conducted in Rbo	de Island		
7. NAMES AND ADDRESSI President Name	ES OF THE OFFI	CERS: ("X" BOX FOR ATT	Vice President Name	ES BEFORE USING A	TTACHMENTS
A. Vincent	t Igliozzi_		AnnMarie Cavol	loro	
Street Address 25 Legion Me	emorial Dri	ve	Sirver Address 128 Daniel Ave		
City	State	Zip	City	State	Zip
Providence	RT	02909	Providence.	R. I.	02909
Secretary Name	R_A.J.A	1 1/303	Treasurer Name		<u> </u>
Delores Farro	) W		Marc Castaldi		
Street Address		<del></del>	Street Address	_	
363 Simmonsville	Avo.		75 King Philip	St.	_ <del> ,</del>
City	State	Zip	City	State	Zip
Johnston.	I <sub>R.I.</sub>	02919	Providence,   TTACHMENT   FILL IN SPAC	R.I.	02909
	TORS OF A DOM	IESTIC (RHODE ISLAN	D) CORPORATION <u>SHALL N</u>	<u>VOT BE LESS THAN </u>	<u>TJIJREE</u> (3). R.I.G.L. 7-6-23
Director Name			Director Name Jennifer Leac	<b>L</b>	
Philip Almagno				: f1	
Street Address			Street Address		
289 Pocasset Ave		· =······	565 Smithfiel		
City	State	Zip	City	State	Zφ
Providence,	R.I	02909	No. Prov.		02904
Director Name			Director Name		
Edward DeMattei	3		Carl Calicchia		<u> </u>
Street Address			Street Address		
22 Alto St.	Ta	wa.	262_Lowell_Av	State	Zip
Chy	State	Zip	· ·		·
Providence	R.I.	02920   D. DO NOT ALTER - C	Providence, Changes require filing of Fo	R.I. rm 641 - R.I.G.L. 7-6	02909 6-13 / 7-6-78
Agent Name	V KITODI. ISLAN	D · DO NOT ACTEM · C	Address		
THERESA MEROLLI			741		
	<del></del>		City		<u></u>
Address 529 PLAINFIELD STREET			PROVIDENCE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	02909
J23 FLAINFIELD STREET			PROVIDENCE		
This report must b	e signed in ink t	by either the President, V	lice President, Secretary, Assis	stant Secretary, Treas	urer. Receiver or Trustee
1 199191 51151					
!		<b>   </b>       <b>   </b>			affirm that I have examined this
* 5	<u>1 4 8 </u>	1 *			dules and statements, and that al
L/2-1	1.1		statoments coptai	ined havein are true and	
File Date D/30/	04		(4/1)	1	6-24-04
775			Signature of Office	1 ///	Date
Check No. 230	<u> </u>		A. Vincent	Igliotzi	

Print or Type Name of Officer

President

Title of Officer

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

City Providence State  State  Cavolloro  Ave.  State R. I.	Zip   02909   Zip     Zip   02909
Providence  State  N SPACES BEFORE USING ATTA  Cavolloro  1 Ave.  State  R. I.	02909 Zip  CHMENTS
Providence  State  N SPACES BEFORE USING ATTA  Cavolloro  1 Ave.  State  R. I.	02909 Zip  CHMENTS
State  N SPACES BEFORE USING ATTA  Cavolloro  1 Ave.  State R. I.	Zip  Zip
State  N SPACES BEFORE USING ATTA  Cavolloro  1 Ave.  State R. I.	CHMENTS Zip
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Cavolloro  l Ave.  State R. I.	Zip
Cavolloro  l Ave.  State R. I.	Zip
Cavolloro  l Ave.  State R. I.	
l Ave.   State   R. I.	
State R. I.	
R. I.	
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ir morm 041 • K.I.G.L. /-0-13 / /-0-	°
<u> </u>	
Zip	
·	2909
	IN THE SPACES BEFORE USING HALL NOT BE LESS THAN THRE  Leach  field Road Unit C-3  State  R. I.  cchia  1 Ave.  State  R. I.  State  R. I.  fForm 641 - R.I.G.L. 7-6-13/7-6-7

## 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

A Dec

Corporat	te ID Number <u>DNP-51</u>	1481	Annual Report for the year 2002
1. The	name of the corporation	n is Silver Lake A	Annex Multi-Purpose Community Center
	•		of which it is incorporated is RHODE ISLAND  proporation in this state is SILVER LAKE COMMUNITY CENTER 529
PLA	INFIELD STREET PRO	OVIDENCE, RI 02	909
and	the name of its registe	red agent in this s	tate at that address is THERESA MEROLLI
4. The		which it is actuall	y conducting in Rhode Island, briefly stated, is
	foreign corporation, the		ncipal office in the state or other jurisdiction under the laws of which it is
	porate address in Rhod		ame as #3
			ficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
Philip	Almagno	Director	289 Pocasset Avenue, Prov., R.I. 02909
AnnMar	ie Cavolloro	— Director	128 Daniel Ave., Prov., R.I. 02909
Jennif	er Leach	— Director	47 Sibyl St., Prov., R.I. 02909
A. Vin	icent Igliozzi	President	25 Legion Memorial Dr., Prov., R.I. 02909
Elaine	DeMatteis	Vice-President	22 Alto St., Prov., R.I. 02920 363 Simmonsville Ave., Johnston, R.I. 02919
Delore	es Farrow	Secretary —	363 Simmonsville Ave., Johnston, R.I. 02919
Marc (	Castaldi	Treasurer 	75 King Philip St., Prov., R.I. 02909
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.
		Sil	ver Lake Annex Multi-Purpose Community Center
*	5 1 4 8 1 *	•1	Exact Name of Corporation
	ECRETARY OF STATE USE	ONLY ]	PRESIDENT A-VINCENT TOLIONS
ile Date:	1993		Title(Report must be signed by an officer)
Check No	::		Form No. 631 Revised 5/98

## 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

		of it controllation
Corporate ID Number <u>DNF</u>	P-51481	Annual Report for the year 2001
1. The name of the corpor	ation is Silver Lake A	nnex Multi-Purpose Community Center
2. The state or other jurisd	iction under the laws o	f which it is incorporated is RHODE ISLAND
		poration in this state is SILVER LAKE COMMUNITY CENTER 529
PLAINFIELD STREET		
		ate at that address is THERESA MEROLL!
The character of the aff	airs which it is actually	conducting in Rhode Island, briefly stated, is
<u>Human Servic</u>		
If a foreign corporation, incorporated is		cipal office in the state or other jurisdiction under the laws of which it is
· · · · · · · · · · · · · · · · · · ·		29 Plainfield Street
	_	rovidence RI 02909
NAME	OFFICE	nd) corporation shall not be less than three (3).)  ADDRESS
hilip Almagno	Director	289 Pocasset Ave. Prov,R.I. 02909
nn Marie Cavollor	O_Director	128 Daniel Ave, Prov,R.I. 02909
arl Calicchia	Director	262 Lowell Ave, Prov, R.I. 02909
. Vincent Igliozz	<u>i</u> President _	25 Legion MemorialDr, Prov,R.I. 02909
laine DeMatteis	Vice-President _	22 Alto St, Cran, R.I. 02920
olores Farrow	Secretary	363 Simmonsiville Ave, Johnston, R.I. 02919
arc Castaldi	Treasurer _	75 King Philip St, Prov,R.I. 02909
Dated: 6/18/01	re	nder penalty of perjury, I declare and affirm that I have examined this port, including any accompanying schedules and statements, and that I statements contained herein are true and correct.
	Si / Si	ilver Lake Annex Multi-Purpose Community Cent
* 5 1 4 8 1  FOR SECRETARY OF STATE US	* B.	Exact Name of Corporation
e Date:		the Chairman, Board of Directors
eck No		(Report must be signed by an officer)
· de		Form No. 631 Revised 5/98

## 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

		IAOIA-L	TOPII CONFORMION		
Co	rporate ID Number <u>DNP-5</u>	1481	Annual Report for the year 2000		
١.	The name of the corporation	on is <u>Silver Lak</u>	e 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 registe PLAINFIELD ST. PROVID		corporation in this state is <u>S!LVER LAKE COMMUNITY CENTER 529</u>		
	and the name of its registe	ered agent in this	s state at that address is THERESA MEROLLI		
4.			ually conducting in Rhode Island, briefly stated, is		
5	If a foreign corporation, the	address of its ;	principal office in the state or other jurisdiction under the laws of which it is		
5.					
7.			officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)		
	NAME	OFFICE	ADDRESS		
р	hilip Almagno	Director	289 Pocasset Ave. Providence, RI 02909		
,C	Carl Calicobia	Director	68 Lowell Ave. Providence, RI 02909		
_\)	arv Zompa	Director	19 Duxbury Street Providence.RT 02009		
	A Vincent Igliozz:	President	25 Legion Memorial Dr. Prov. RI 02909		
	Fred Santagata Jr		nt 26 Cavalcade Blvd. Johnston, RI 02919		
	Elaine DeMatteis		22 Alto Street Prov,RI 02920		
	Marc Castaldi	Treasurer	75 King Philip St. Prov.RI 02909		
Da	ted: 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		
	* 5 1 4 8 1 *	J	Exact Name of Corporation		
	FOR SECRETARY OF STATE USE	ONLY	Ву		
le.	Date: 6/9				
	0558	<del>-</del>	Title Chairman-Board of Directors (Report must be signed by an officer)		
ne(	ck No.: <u>9000</u>	_	Form No. 631 Revised 5/98		



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

Corporate ID Number ND-51481	Annual Report for the yea <u>r 1999</u>
The name of the corporation is Silver Lake	ce Annex Multi-Purpose Community Center
The state or other jurisdiction under the law	ws of which it is incorporated is Rhode Island
	corporation in this state is SILVER LAKE COMMUNITY CENTER 529
PLAINFIELD STREET PROVIDENCE, RI	02909
and the name of its registered agent in thi	s state at that address is THERESA MEROLLI
	ually conducting in Rhode Island, briefly stated, is
A community based non-pro	fit agency providing Social Services.
5 If a foreign corporation, the address of its procuporated is	principal office in the state or other jurisdiction under the laws of which it is
	Plainfield St. Providence, R. I.
<ol> <li>Names and addresses of its directors and a number of directors of a domestic (Rhode)</li> </ol>	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)
NAME OFFICE	ADDRESS
A. Vincent Igliozzi 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 Igliozzi 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.
1 10 3 10 1 <u>8 10 1 11 11 1 3 1 8 0 1 1 1 1 8 1 1 1 8 1 1 1 1 1 1 1 1</u>	Silver Lake Annex Multi-Purpose Comm. Ctr.
* 5 1 4 8 1 *	Exact Name of Corporation
FOR SECRETARY OF STATE USE ONLY ile Date: (0-4-7)	Ву
Theck No.: 9305	Title Chamber
AME	(Report must be signed by an officer)
ly:	Form No. NP-13 Revised 5/98

ring Fee: \$20.00

## State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

#### **NON-PROFIT CORPORATION**

Corporate ID Number 0051481	1998 Annual Report for the year	
FIRST: The name of the corporation isSilver.Lake.community.Cent.Inc.		
	aws of Rhode Island	
THIRD: The character of the affairs whi	ch it is actually conducting in Rhode Island, briefly stated, is	
a community based non-profit	agency providing Social Services	
	address of its principal office in the state or country under the laws of	
FIFTH: Corporate address in Rhode Isla	and 529 Plainfield Street, Providence	
SIXTH: Names and addresses of its dir	ectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)	
THE DEBORT WILL NOT BE ACC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.	
THIS REPORT WILL NOT BE ACC	TEL TILLE ON THINKE (O) BINESTONO THE LIGHTER.	
NAME OFFICE	ADDRESS	
	ADDRESS	
NAME OFFICE	ADDRESS  25 Legion Memorial Drive Prov. R. I. 02909	
NAME OFFICE A. Vincent Igliozzi Director	. ,	
NAME OFFICE  A. Vincent Igliozzi Director  Fred Santagata, Jr. Director	ADDRESS  25 Legion Memorial Drive Prov. R. I. 02909  Cavalcade Drive Johnston, R.I. 02919	
NAME OFFICE  A. Vincent Igliozzi Director  Fred Santagata, Jr. Director  Marc Castaldi Director  A. Vincent Igliozzi President	ADDRESS  25 Legion Mcmorial Drive Prov. R. I. 02909  Cavalcade Drive Johnston, R.1. 02919  75 King Philip St. Prov. R.1. 02909	
NAME OFFICE  A. Vincent Igliozzi Director  Fred Santagata, Jr. Director  Marc Castaldi Director  A. Vincent Igliozzi President	ADDRESS  25 Legion Memorial Drive Prov. R. I. 02909  Cavalcade Drive Johnston, R.I. 02919  75 King Philip St. Prov. R.I. 02909  25 Legion Memorial Drive Prov. R.I. 02909	
NAME OFFICE  A. Vincent Igliozzi Director  Fred Santagata, Jr. Director  Marc Castaldi Director  A. Vincent Igliozzi President  Fred Santagata, Jr. Vice-President	ADDRESS  25 Legion Memorial Drive Prov. R. I. 02909  Cavalcade Drive Johnston, R.I. 02919  75 King Philip St. Prov. R.I. 02909  25 Legion Memorial Drive Prov. R.I. 02909  Cavalcade Drive Johnston, R.I. 02919	
NAME OFFICE  A. Vincent Igliozzi Director  Fred Santagata, Jr. Director  Marc Castaldi Director  A. Vincent Igliozzi President  Fred Santagata, Jr. Vice-President  Elaine DeMatteis Secretary  Marc Castaldi Treasurer	ADDRESS  25 Legion Memorial Drive Prov. R. I. 02909  Cavalcade Drive Johnston, R.I. 02919  75 King Philip St. Prov. R.I. 02909  25 Legion Memorial Drive Prov. R.I. 02909  Cavalcade Drive Johnston, R.J. 02919  22 Alto St. Providence, R.I. 02920  75 King Philip St. Prov. R.I. 02909  Silver Lake Community Center (Name of Corporation)	
NAME OFFICE  A. Vincent Igliozzi Director  Fred Santagata, Jr. Director  Marc Castaldi Director  A. Vincent Igliozzi President  Fred Santagata, Jr. Vice-President  Elaine DeMatteis Secretary  Marc Castaldi Treasurer  (If additional space is needed, attach rider)	ADDRESS  25 Legion Memorial Drive Prov. R. I. 02909  Cavalcade Drive Johnston, R.I. 02919  75 King Philip St. Prov. R.I. 02909  25 Legion Memorial Drive Prov. R.I. 02909  Cavalcade Drive Johnston, R.I. 02919  22 Alto St. Providence, R.I. 02920  75 King Philip St. Prov. R.I. 02909  Silver Lake Community Center	

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

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

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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	Annual Report for the year1997
SECOND: It is incorporated under the I	aws of Rhode Island
	ich it is actually conducting in Rhode Island, briefly stated, is
	address of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: Corporate address in Rhode Isl	and 529 Plainfield Street, Providence, R. I.
	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE ACC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE A. Vincent Igliozzi Director	ADDRESS 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 Igliozzi President	25 Legion Memorial Drive, Prov. R.I. 02909
Paul Carrier Vice-President	20 Barrows Street, Providence, R. I. 02909 22 Alto Street, Providence, R. I. 02920
Marc Castaldi Treasurer (If additional space is needed, attach rider)	75 King Philip St. Providence, R.I. 02909
Dated: May 19, 19 97	Silver Lake Annex Multi-Purpose Comm. Ctr., Inc
pairman grupe Board Pre	STILLE Executive Director
rairman gont 2 1997	(Report must be signed by an officer)

if **अंदिर्शकान्यांकान्य कृति** its registered office and/or its registered agent, Form N-14 must be filed. Please contact the Corporation Division, 277-3040, for further information.

orm No. N-13

15# 51481

# SILVER LAKE COMMUNITY CENTER BOARD OF DIRECTORS

1996-1997

MARIANNE LAMOTHE	944-5109	10 VIOLA ST. 02909	11 6/97
CARL CALICCHIA	942-3703	62 DANIEL AVE   02909	F 0/97
FRED SANTAGATA, JR.	944-6413	40 RYEST 02909	L 6/97
JOHN CIPOLLA		591 CHARLES ST - 02904	F 9797
DELORES FARROW	351-1423	157 OPHELIA \$1, 02909	L 6/97
JENNIFER LEACH	946-8694	47 SIBYL ST. APT. 1 02909	L. 0/97
MARY ZOMPA	946-3783	19 DUXBURY ST. 02900	Λ G/97
ELAINE DEMATTEIS	784-9576	22 ALTO ST 02920	A 6/97
A. VINCENT IGLIOZZI	943-1923 944-0831	25 LEĞION MEM DR 02909	Λ 6/97
JOHN TORVI	351-6061	28 KINFIELD ST. 02909	Λ 5/97
HON, DAVID IGLIOZZI	943-7171	19 LEGION MEM, DH 02909	A 6/97
HON, STEVEN SMITH	521-2191	59 KING PHILIP \$1,02909	A 6/97
PHILIP ALMAGNO	944-4022	289 POCASSET AVE. 02909	Λ 6/98
HON, ANTHONY CARNE	VALE 949-55	87 P.O. BOX 553 GREENVILLE	A 6/98
HON, CHARLENE LIMA	946-5707	13 ESTERLING AVE. 02909	A 6/98
PAUL CARRIER	943-0433	20 BARROWS ST. 02909	A G/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 10/98

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	ne 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-prof	it agency provideng Social Services.
	ne address of its principal office in the state or country under the laws of
	Island 529 Plainfield Street, Providence;, R.I.
SIXTH: Names and addresses of its Reenactment of 1994, the number of Directo	directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, rs of a corporation shall not be less than three (3),)
THIS REPORT WILL NOT BE A	CCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
Theresa Merolli Director	50 Hauxhurst St. Providence, Rhode Island 02909
A. Vincent Igliozzi Director	25 Legion Memorial Drive, Providence, Rhode Island
Paul Carrier Director	20 Barrows St., Providence, Rhode Island 02909.
A. Vincent Igliozzi President	25Legion. MemorialDriveProvidence,RhodeIsland
Paul Carrier Vice-Preside	ent 20BarrowsStProvidence,RhodeISland02909.
ElaineDeMatteisSecretary	22 Alto St. Granston, Rhode Island 02920
Marc-CastaldiTreasurer (If additional space is needed, attach rider)	75-King-Philip-Street, Providence, Rhode-Island
Dated: June 10,1996 19 PAID	Silver Lake Annex Multi-Purpose Comm. Ctr. Inc. (Name of Corporation)
JUN 1 2 1996 SECY OF STATE	Title E Alcutive Durc tar  (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.

Corporate ID Number 0051481

To be filed annually during the month of June

Annual Report for the year.....1295

#### State of Rhode Island and Providence Plantations

Corporation Division 100 North Main Street Providence, RI 02903

#### **NON-PROFIT CORPORATION**

FIRST: The name of	the corporation is	Silver Lake Annex Multi-Purpose Community Cente
SECOND: It is incomp	orated under the	laws of Rhode Island
THIRD: The characte	r of the affairs wh	nich it is actually conducting in Rhode Island, briefly stated, is
ACommunityba	sadnon-pro	ofit-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 add	dress in Rhode Is	land529 Plainfield Street. Providence. Rl.
SIXTH: Names and a	ddresses of its di	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT W	LL NOT BE AC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME	OFFICE	ADDRESS
Steven Piscopiello	Director	92 Rhode island Street, Cranston, R.I. 02920
N. Vincent Igliozzi	Director	25 Legion Memorial Drive, Prov. R.I. 02909
Paul Carrier	Director	20 Barrows St., Providence, Rhode Island 02909.
A. Vincent Igliozzi	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 (If additional space is needed,	Treasurer attach rider)	75 King Philip St, Prov, R.I. 02909
Dated: June	199.5	Silver Lake Annex Multi-Purpose Comm. Ctr., Inc. (Name of Corporation)
JUN 0 6 1995		By The iscopieto
SECRE TY OF STATE		Title Ex Director
O. GIATE		(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.

# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 9051461	Annual Report for the year
	lver Lake Annex Multi-Purpose Community Center
	s 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 as	gency providing Social Services.
·	dress of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: Corporate address in Rhode Island	i 529 Plainfield Street, Providence, R.I. 02909
SIXTH: Names and addresses of its director	ors and officers:
(Addresses m	est include street and number, if any)
NAME OFFICE	ADDRESS
Steven Piscopiella Director	42-Sisson-Strect, Providence, Rhode-Island
A. Vincent Igliozzi Director	25 Legion Memorial Drive, Prov. R.I. 02909
Paul Carrier Director	20 Barrows St. Prov. R.I. 02909
A. Vincent Igliozzi President	25 Legion Memorial Drive, Prov. R.I. 02909
	20 Barrows Street, Prov. R.I. 02909
Elaine Dc Matteis Secretary	22 Alto Street, Prov, R.I. 02909
Marc Castaldi Treasurer (If additional space is needed, attach rider)	75 King Philip St. Prov. R.I. 02909
Dated: June 3, 1994 19	Silver_Lake Annex Multi-Purpose Comm. Ctr. Inc. (Name of Corporation)
	By
	Title
	(Report must be signed by an officer)
Form N-14 must be filed. Please	ged its registered office and/or its registered agent, contact Corporation Division for information, 277-3040 Division, 100 North Main Street, Providence, RI 02903.
Form No. No.13	
	rose per unas

STEVEN J. PATRIARCA 529 PLAINFIELD ST. PROVIDENCE RI 02909

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To be filed annually during the month of June

# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number	481	Annual	Report for the yea	ır1993	********
FIRST: The name of the		Silve	r Lake Anne>	: Multi-Purpose	Csamuni 
SECOND: It is incorpora	ted under the la	ws of Rhode Isl	and		
THIRD: The character o	f the affairs whi	ch it is actually conduct	ing in Rhode Islar	nd, briefly stated, is	
FOURTH: If a foreign co				•	ws of
FIFTH: Corporate addre	ss in Rhode Isla	and 529 Plainfi	eld Street,	Prov. R.I. 029	0.9
Sixth: Names and addi	resses of its direc	ctors and officers:		۲ <b>رن</b>	
	(Addresses	must include street and nur	nber, if any)	MAY 1 3 1993	
NAME Steven Piscopiello	office Director	42 Sisson Stree	ADDRESS t, Prov, R.I	SEC'Y OF STATE	
	Director				
a. Vincent Igliozzi	President	25 Legion Memor	ial Drive, P	rov, R.I. 0290	9
Paul Carrier	Vice Preside	nt 20 Barrows St	reet, Prov,	R.I. 02909	
Debra Dyer	Secretary	64 Park View	Drive. Pawt.		
Marc Castaldi (If additional space is needed, atta	Treasurer ch rider)	75 King Phili			•••••
Dated: May 11, 1973	19	SilverLake.A. (Name of Corporation)	nnex Multi-P	urpose Comm. C	trInc.
			***************************************		• • • • • • • • •
		Title	*********************		

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.

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

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Corporate ID Number00	51481	Anı	nual Report for the year	1992	*****	
FIRST: The name of the	FIRST: The name of the corporation is		Silver Lake Annex Multi-Purpose Commun			
SECOND: It is incorpo	rated under the law	s of R	hode Island			
THIRD: The character	of the affairs which	it is actually con	ducting in Rhode Island	i, briefly stated, is	•••••	
FOURTH: If a foreign which it is incorporated is	_	•		•	ws of	
FIFTH: Corporate add	ress in Rhode Islan	d529Plain	field Street, Pr	ov, R.I 0290	.g	
SIXTH: Names and ad	dresses of its directo	ors and officers:	P.A	10		
	(Addresses m	ust include street an	d number, if any)	P 1932		
NAME	OFFICE		ADDRESS	CLATE		
Steven Piscopiello	Director 42	Sisson Str	eet, Prov, R.I.	02909		
	Director	)****(*,,,,,,,,,,,,,,,,,,,,,,,,,,		****	******	
	Director	((**!********************				
. Vincent Igliozzi	President	25 Legion	Memorial Drive,	Prov, R.I. 029	09	
llan Petteruto	Vice President	17 Paolino	Street, Prov, I	R.i. 02909		
ebra Dyer	Secretary	64 Park Vi	ew Drive, Pawt,	R.I.	*****	
larc Castaldi (If additional space is needed, at	Treasurer tach rider)	75 King Ph	ilip St, Prov, I	R.I. 02909		
Dated: May26, 1992	19	Silver Lake (Name of Corporation	Annex Multi-Pur	cposeCommCtr		
		Title Cham	no di			

(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.

# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number0051481  FIRST: The name of the corporation is		Annual Re	Annual Report for the year1991			
		Silver	Silver Lake Annex Multi-Purpose Comm			
SECOND: It is incorporated	l under the laws	of Rhode I	sland			
THIRD: The character of the	he affairs which	it is actually conducting	in Rhode Island,	briefly stated, is		
FOURTH: If a foreign corp which it is incorporated is					laws of	
FIFTH: Corporate address	in Rhode Island	529 Plainfie	eld Street.	Prov, R.I. 0	2.9.09.	
SIXTH: Names and addres	ses of its directo	rs and officers:	į,	PAID UN 26 1991	7	
	(Addresses mu	st include street and numbe	er, if any) SEC	y of State		
NAME	OFFICE		ADDRESS			
Steven J. Patriarca	Director	19 Raymond Ave	enue. No. Pr	ov. R.I.		
	Director				**********	
	Director					
A.Vincent Igliozzi	President	25 Legion Memo	orial Dr. Pr	ov, R.I.		
Allan Petteruto	Vice President	17 Paolino St.	P.rov.,RI.		•••••	
Debra Dyer	Secretary	64 Laurel Hill	l Ave, Prov,	R.I.	••••	
Marc Castaldi(If additional space is needed, attach		75King.Philip	oS.t.,Prov,	R.I	•	
Dated: June 24, 1991	19	Silver Lake And (Name of Corporation) Cen		urpose Commu	nity,	

(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.

# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 0051481	Annual Report for the year
FIRST: The name of the corporation is	Silver Lake Annex Multi-Purpose Comm
SECOND: It is incorporated under the law	s of
	it is actually conducting in Rhode Island, briefly stated, is
FOURTH: If a foreign corporation, the ad	dress of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Island	d 529 Plainfield Street, Prov. R.I. 02909
SIXTH: Names and addresses of its director	ors and officers:  ust include street and number, if any)
NAME OFFICE	ADDRESS
Steven J. Patriarca Director	19 Raymond Avenue, No. Prov. R.I.
Director	
Director	
A. Vincent Igliozzi 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 (If additional space is needed, attach rider)	75 King Philip St, Prov, R.I.
Dated: May 23, 1990 19	Silver Lake Annex Multi-Purpose Community (Name of Corporation) Conter Inc.
10N 1030	Title Oral Charm
	(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.

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# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION



Corporate ID Number 005	1.421	Annual Report for the year	1989
FIRST: The name of the	corporation is	Silver Lake Arnex M.	alti-Pumpose Commun
SECOND: It is incorpora	ted under the lav	vs of Rhode Island	······
THIRD: The character o	f the affairs which	h it is actually conducting in Rhode Island, br	iefly stated, is
		ldress of its principal office in the state or cou	
FIFTH: Corporate addre	ss in Rhode Islan	d 529 Plainfield Street, P	rov. R.I. 02909
SIXTH: Names and addr	esses of its directe	ors and officers:	
	(Addresses m	ust include street and number, if any)	
NAME	OFFICE.	ADDRESS	
Steven J. Patriarca	Director	19 Raymond Ave, No. Prov,	R.I.
	Director		
	Director		••••••
A. Vincent Igliozzi	President	25 Legion Memorial Dr., Pr	ov, R.I.
Allan Peteruto	Vice President	17 Paolino St. Prov, R.I.	
Debra Dyer	Secretary	64 Laurel Hill Ave. Prov,	R.I.
Marc Castaldi (If additional space is needed, attac		75 King Philip St, Prov, R	
Dated: June 26 1989		Silver Lake Annex Multi-Purpo (Name of Corporation) Center Inc.	se Community
· — — — · — · · · · · · · · · · · · · ·		Title Chamber 1	
		Report mus	QQ The 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.