



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2021**  
**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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 JUL 27 P 1:21

1. Entity ID Number <b>108148</b>		2. Exact name of the Corporation <b>HANCOCK ESTATES CORP</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE ELDERLY OR DISABLED PERSON WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.			
4. NAICS Code 824229 - Other Community H					
6. Principal Office Address 1029 MENDON ROAD			City CUMBERLAND	State RI	Zip 02864
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>EDWARD MULHOLLAND</b>			Vice-President Name <b>JOANNE BUTTIE</b>		
Street Address <b>1029 MENDON ROAD</b>			Street Address <b>1029 MENDON ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>DAN OUELLETTE</b>			Treasurer Name <b>EARL WOOD</b>		
Street Address <b>1029 MENDON ROAD</b>			Street Address <b>1029 MENDON ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>LISA AUDETTE</b>			Director Name <b>JOANNE BUTTIE</b>		
Street Address <b>1029 MENDON ROAD</b>			Street Address <b>1029 MENDON ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>JOHN MACQUEEN</b>			Director Name		
Street Address <b>1029 MENDON ROAD</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Edward Mulholland</b>					Date 6/3/2021
Signature of Officer/Authorized Representative <i>Edward Mulholland</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2815  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 JUL 27 2021  
 BY *CU* CA# 4903  
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