



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D R.I. SOS BSD
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1. Entity ID Number 001692832		2. Exact name of the Corporation Community Residences, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community based day programs for people with IDD. SLA programs for people with IDD.			
4. NAICS Code 623210					
6. Principal Office Address 424 Buttonwoods Ave. Unit 4		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Pamela Paisey			Vice-President Name Mark Kaplin		
Street Address 128 Pinebrook Road			Street Address 80 Hillside Drive		
City Colchester	State CT	Zip 06415	City Branford	State CT	Zip 06045
Secretary Name Joanna Perez-Silmon			Treasurer Name Desmond Mahario		
Street Address 24 Lawrence Lane			Street Address 106 Allen Ave #178		
City Newington	State CT	Zip 06415	City Meriden	State CT	Zip 06451
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Stanley deMello			Director Name Christina Mohr		
Street Address 80 Candlelight Drive			Street Address 81 Tarragon Lane		
City Glastonbury	State CT	Zip 06033	City East Hampton	State CT	Zip 06424
Director Name Lynn Edwards			Director Name Amy Kelly		
Street Address 96 Carmel Street			Street Address 17 Rowena Drive		
City Hamden	State Ct	Zip 06518	City Johnston	State RI	Zip 02919
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Pamela Paisey				Date 4-26-24	
Signature of Officer/Authorized Representative <i>Pamela Paisey</i>					

FILED

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

MAY 1 2024

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FORM 631- Revised: 12/2023

Additional Directors
Bailee Pacheco
39 Amsterdam Ave
Warwick RI02889