



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 A. Ralph Mollis, Secretary of State

Corporations Division
 148 W. River Street
 Providence, RI 02904-2615
 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
 * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 150364		2. Name of Corporation Adult Day Sanctuary			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 345 Ring Ave		City Warwick	Zip 02888
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					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Yvonne Eleno			Vice President Name		
Street Address 345 Ring Ave			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Delatille Brown			Director Name Nella Davis		
Street Address 352 Chestnut St			Street Address 99 Garfield St		
City Warwick	State RI	Zip 02888	City Providence	State RI	Zip 02904
Director Name Donna Williams			Director Name Teresa Foster		
Street Address 30 Yarmouth St			Street Address 64 Rhode Island Ave		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02906
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 YVONNE ELENIO			Address		
Address 345 Ring Ave			City WARWICK	Zip 02888	

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

FILED

JAN 23 2008 11:11

By Yvonne Eleno
 File Date _____
 Check No. 047513
 By: _____
 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.

Yvonne Eleno 1/21/08
 Signature of Officer Date
YVONNE ELENIO
 Print or Type Name of Officer
President
 Title of Officer