



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 2008**  
 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 RI		4. Corporate address in Rhode Island - Street Address 345 Ring Ave	
5. Foreign corporation. Enter principal office address		City WARWICK	Zip 02888
		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 ELEMO		Vice President Name	
Street Address 345 RING AVE		Street Address	
City WARWICK	State RI	Zip 02888	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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 DELORICE BROWN		Director Name NELLA DAVIS	
Street Address 352 CHESTNUT ST		Street Address 94 JUNETT ST	
City WARWICK	State RI	Zip 02888	City PROVIDENCE
			State RI
			Zip 02908
Director Name DUNNA WILLIAMS		Director Name TERESA FORTES	
Street Address 30 YARMOUTH ST		Street Address 64 RHODE ISLAND AVE	
City PROVIDENCE	State RI	Zip 02907	City PAWUCKET
			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 ELEMO		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

<b>FILED</b>	
File Date	JUN 23 2008
Check No.	By 1376
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 Elemen  
 Signature of Officer  
 YVONNE ELEMO  
 Print or Type Name of Officer  
 President  
 Title of Officer