

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 2011

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

penally fee of \$25.00.				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1. Corporate ID No.	2. Name of Con	poration				
000029200		The Paul's Specialized Foster Home, Inc.				
3. State of Incorporation	4. Corporate ada	dress in Rhode Island - Street A	City	Zip		
RI	390 OREG	ON AVE		WOONSOCKET	02895	
5. Foreign corporation. Enter	Foreign corporation. Enter principal office address		Сйу	State	Zip	
,						
Brief Description of the chara	icter of the affairs whic	h are actually conducted in Rl	oode Island			
DEALING IN AND WITH DEPENDENT, NEGLEO 7. NAMES AND ADDRES	CTED, ABUSED,	DISABLED, DISORDER		ES BEFORE USING ATTACE	IMENTS	
President Name			Vice President Name			
Janice G. Paul			Patrick Paul			
Street Address			Street Address			
390 OREGON AVE.			11515 OHIO AVE. #4			
City	State	Zip	City	State	Zip	
WOONSOCKET	RI	02895	LOS ANGELES	CA	90025	
Secretary Name			Treasurer Name			
Donna Cotter			Janice G. Paul			
Street Address 395 TARBOX RD.			Street Address 390 OREGON AVE.			
City	State	Zip	City	State	Zip	
PLAINFIELD	CT	06374	WOONSOCKET	RI	02895	
			ATTACHMENT) FILL IN SPACE	the state of the s	Annual Contraction of the Contra	
	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL N</u>	<u>OT BE LESS THAN THREE</u>		
Director Name			Director Name			
Steven T. Paul			Janice G. Paul			
Street Address			Street Address			
351 WEST WRENTH	WRENTHAM ROAD		390 OREGON AVE.			
СЩ	State	$Z\psi$	City	State	ZIP	
CUMBERLAND	RI	02864	WOONSOCKET	RI	02895	
Director Name Pamela Ferretti			Director Name		~	
Street Address 101 CRANBERRY RIDGE RD.			Street Address			
City	State	Zip	City	State	Zip	
GLOCESTER	RI	02814	C 10,	WELL		
9. REGISTERED AGENT	•	•	•	I	1	
This information is current	ntly of record in th	ne Office of the Secretary	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6-13/7	7-6-78	
This report	must be signed by	either the President Vic	e President Secretary Assistant	Secretary Treasurer Recei	ver or Trustee	

— 00002920	0 FILED	report, including any accompanying schedules and statements, and mar air
File Date	JUL 0 8 2011 By	statements contained herein are true and correct. Signature of Officer Date
Check No	148072	Patrick Paul Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY		Vice President Title of Officer Form 631 Rev. 09/17