

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

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ANNUAL REPORT

FEE: \$15.00

M.G.L. Ch. 180
Corporation
Annual Report

FEDERAL IDENTIFICATION

NO. 04-2926667

Filing for November 1, 20 09

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: Fall River Affordable Housing Corporation

2. ADDRESS: 111 Durfee Street, (PO Box 510)

(number)

(street)

Fall River, MA 02720

(city or town)

(state)

(zip)

3. DATE OF THE LAST ANNUAL MEETING: JUNE 9, 2009

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

☐ The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

☐ The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	MARK A. SULLIVAN	264 GRIFFIN STREET FALL RIVER, MA 02724	UNTIL SUCCESSORS ARE ELECTED
Treasurer:	LISA CARDONA	101 CORY STREET FALL RIVER, MA 02720	
Clerk: (or Secretary)	ATTY DAVID BILTCLIFFE	9 RED CEDAR ROAD WESTPORT, MA 02790	
Directors: (or Officers having the powers of Directors)	JOHN MITCHELL JR.	59 DWELLY STREET FALL RIVER, MA 02724	
	RICHARD BERUBE	2177 HIGHLAND AVENUE FALL RIVER, MA 02720	
	JACK ENGLISH	94 WHIPPLE ST FALL RIVER, MA 02721	

I, the undersigned MARK A SULLIVAN being the PRESIDENT of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown.

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 12TH day of NOVEMBER, 20 09.

Signature: [Signature] Title: PRESIDENT

Contact Person: ROBERT LANDRY Contact Person Telephone #: 508-677-2220