2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# 140838

Entity Name: RIVERVIEW WELFARE ASSOCIATION INC.

Current Principal Place of Business:

3650 EAST 93RD STREET
CLEVELAND, OH 44105

New Principal Place of Business:

Current Mailing Address:

3650 EAST 93RD STREET
CLEVELAND, OH 44105

New Mailing Address:

FEI Number: 59-6070424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEITCH, ROBERT A JR
14661 LAKE OLIVE DR
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: SUTPHIN, CAL
Address: 3650 E. 93RD STREET
City-St-Zip: CLEVELAND, OH

Title: PT
Name: LEITCH, JAMES
Address: 3650 E 93 ST
City-St-Zip: CLEVELAND, OH

Title: D
Name: LEITCH, F JANE
Address: 34116 CHAGRIN BLVD,#104
City-St-Zip: MORELAND, HILLS, OH,

Title: S
Name: LEITCH, DAN
Address: 1725 SPERRY FORGE TR.
City-St-Zip: WESTLAKE, OH 44145

Title: D
Name: STONEY, ALBERTA
Address: 3650 E. 93RD STREET
City-St-Zip: CLEVELAND, OH

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES LEITCH PT 02/15/2011

Electronic Signature of Signing Officer or Director Date