RI SOS Filing Number: 202198468460 Date: 6/21/2021 12:42:00 PM



# State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2021

- **1. Corporate ID No.** 000149198
- 2. Name of Corporation Corporation for Supportive Housing
- 3. State of Incorporation

State: DE

#### **ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

624229

#### 4. Principal Office Address

No. and Street: N/A

City or Town:  $\underline{N/A}$  State:  $\underline{RI}$  Zip:  $\underline{00000}$  Country:  $\underline{USA}$ 

### 5. Foreign Corporation. Enter Principal Office Address

No. and Street: 61 BROADWAY SUITE 2300

City or Town: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10006</u> Country: <u>USA</u>

### 5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE FINANCIAL AND TECHNICAL ASSISTANCE TO NON-PROFIT
ORGANIZATIONS TO ENGAGE IN THE DEVELOPMENT OF SERVICE-ENRICHED
HOUSING FOR POPULATIONS WITH LOW AND MODERATE INCOMES OR SPECIAL
NEEDS

6. Names and Addresses of the Officers and Directors:

#### All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DEBORAH DE SANTIS	61 BROADWAY, SUITE 2300 NEW YORK, NY 10006 USA
DIRECTOR	STEVEN LEIFMAN	1351 N.W. 12TH STREET, ROOM 617 MIAMI, FL 33125 USA
DIRECTOR	QAHIR MADHANY	345 PARK AVENUE NEW YORK, NY 10154 USA
DIRECTOR	ROLAND LAMB	1101 MARKET STREET, 8TH FLOOR PHILADELPHIA, PA 19107 USA
DIRECTOR	RACHEL DILLER	505 EIGHTH AVENUE, SUITE 1805 NEW YORK, NY 10018 USA
DIRECTOR	PETE EARLEY	61 BROADWAY, SUITE 2300 NEW YORK, NY 10006 USA
SECRETARY	CAROLYN POWELL	61 BROADWAY, SUITE 2300 NEW YORK, NY 10006 USA
DIRECTOR	MATTHEW MORTON	61 BROADWAY, SUITE 2300 NEW YORK, NY 10006 US
DIRECTOR	DOROTHY EDWARDS	61 BROADWAY, SUITE 2300 NEW YORK, NY 10006 USA
DIRECTOR	STEPHEN NORMAN	600 ANDOVER PARK WEST TUKWILA, WA 98188 USA
DIRECTOR	JIM OCONNELL	780 ALBANY ST. BOSTON, MA 02118 USA
DIRECTOR	MICHELLE NORRIS	2245 NORTH BANK DRIVE COLUMBUS, OH 43220 USA
DIRECTOR	DONALD S FALK	215 TAYLOR STREET SAN FRANCISCO, CA 94102 USA
DIRECTOR	DEBBIE BURKHART	500 SOUTH GRAND AVENUE, SUITE 2300 LOS ANGELES, CA 90071 USA
DIRECTOR	JEFFREY I BRODSKY	423 WEST 55TH STREET NEW YORK, NY 10019 USA
DIRECTOR	PAULA MORABITO	61 BROADWAY, SUITE 2300 NEW YORK, NY 10006 USA
DIRECTOR	MAURICE COLEMAN	225 FRANKLIN STREET BOSTON, MA 02110 USA
DIRECTOR	DEANNA MINUS-VINCENT	61 BROADWAY, SUITE 2300 NEW YORK, NY 10006 USA
DIRECTOR	SHERRY SEIWERT	111 MONUMENT CIRCLE, SUITE 1900 INDIANAPOLIS, IN 46204 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of June, 2021 at 12:44:08 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By DEBORAH DE SANTIS

Signature of Authorized Person

Form No. 631 Revised 09/07

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