



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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.<br>72024   |             | 2. Name of Corporation<br>ANTHONY HOUSE HOUSING CORPORATION                   |  |                 |              |
| 3. State of Incorporation<br>RHODE ISLAND  |             | 4. Corporate address in Rhode Island - Street Address<br>50 WASHINGTON SQUARE |  | City<br>NEWPORT | Zip<br>02840 |
| 5. Foreign corporation. Enter principal office address   |             |   | City                                   | State           | Zip          |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>Providing lower income elderly & handicapped persons with decent, affordable housing facilities   |             |   |  |                 |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |             |   |  |                 |              |
| President Name<br>Robert M. Sabel  |             |   | Vice President Name<br>Robert M. Sabel |                 |              |
| Street Address<br>50 Washington Square   |             |   | Street Address<br>50 Washington Square |                 |              |
| City<br>Newport  | State<br>RI | Zip<br>02840  | City<br>Newport                        | State<br>RI     | Zip<br>02840 |
| Secretary Name<br>Marjorie Jensen  |             |   | Treasurer Name<br>Charlotte A. Yeomans |                 |              |
| Street Address<br>50 Washington Square   |             |   | Street Address<br>50 Washington Square |                 |              |
| City<br>Newport  | State<br>RI | Zip<br>02840  | City<br>Newport                        | State<br>RI     | Zip<br>02840 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS<br>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<br>Stephen P. Ostiguy  |             |   | Director Name<br>Jan DiRuzzo           |                 |              |
| Street Address<br>50 Washington Square   |             |   | Street Address<br>50 Washington Square |                 |              |
| City<br>Newport  | State<br>RI | Zip<br>02840  | City<br>Newport                        | State<br>RI     | Zip<br>02840 |
| Director Name<br>Charlotte A. Yeomans  |             |   | Director Name<br>Robert M. Sabel       |                 |              |
| Street Address<br>50 Washington Square   |             |   | Street Address<br>50 Washington Square |                 |              |
| City<br>Newport  | State<br>RI | Zip<br>02840  | City<br>Newport                        | State<br>RI     | Zip<br>02840 |
| 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<br>Robert M. Sabel  |             |   | Address<br>50 Washington Square        |                 |              |
| Address  |             |   | City<br>Newport                        | Zip<br>02840    |              |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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**FILED**

File Date JUN 24 2008  
Check No. By 51699  
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.

*Robert M. Sabel*  
Signature of Officer  
Robert M. Sabel  
Print or Type Name of Officer  
President  
Title of Officer  
6/23/08  
Date