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

Fee: \$20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

[| LOGOUT |](#)**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30



Help with this form

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: 2009**1. Corporate ID No.** 000093614**2. Name of Corporation** JENKS MILL HOUSING CORP.**3. State of Incorporation**State: RI**4. Corporate Address in Rhode Island**No. and Street: 25 FLAT STREETCity or Town: CUMBERLANDState: RI Zip: 02864Country: USA**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode IslandEXCLUSIVELY FOR CHARITABLE AND/OR EDUCATIONAL PURPOSES.**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

FILED

MAY 22 2009

By

2948

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	JOSEPH LAMAGNA	895 MENDON ROAD CUMBERLAND, RI 02864 USA
<input type="checkbox"/>	DIRECTOR	ESTHER LAVALLE	895 MENDON ROAD CUMBERLAND, RI 02864

Select From Below

Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Clear

Add

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

ALBERT B. WEST 3460 MENDON ROAD CUMBERLAND , RI 02864-

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Peter Bouchard

Business Name: Valley Affordable Housing Cor

No. and Street: 895 Mendon Road

- Same Address as -

City or Town: Cumberland

State: RI

Zip: 02864

Country: US

Contact Phone: 401-334-2802 ext: 14

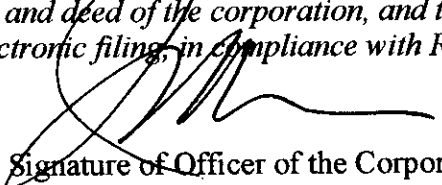
Contact Email: brenaud@valleyaffordable.org

Clear

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 13 Day of May, 2009 at 10:29:21 AM. 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 corporation, 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


 Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

FILED

MAY 22 2009

By

93614