



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 2009

**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. <b>29237</b>		2. Name of Corporation <b>Public Housing Association of Rhode Island</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>100 Broad Street</b>		City <b>Providence</b>	Zip <b>02903</b>
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 <b>Serve as advocacy group for public housing.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Stephen J. O'Rourke</b>			Vice President Name <b>Jim Reed</b>		
Street Address <b>100 Broad Street</b>			Street Address <b>1 York Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>Donna Conway</b>			Treasurer Name <b>Lee Lamothe</b>		
Street Address <b>945 Charles Street</b>			Street Address <b>573 Mendon Road</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 <b>David M. aRusso</b>			Director Name <b>Julie Leddy</b>		
Street Address <b>8 Forand Circle</b>			Street Address <b>14 Manchester Circle</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>Michael S. Lyckland</b>			Director Name		
Street Address <b>25 Easton Avenue</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

29237

<b>FILED</b>	
File Date	<b>JUL 22 2009</b>
Check No.	
By:	<b>By 1319</b>
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.

Signature of Officer

**Stephen J. O'Rourke**

Print or Type Name of Officer

**President**

Title of Officer

Date