

**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

penatty jee of \$25.00.									
1. Corporate ID No. 159349	1 .	2. Name of Corporation							
		The Rhode Island HUD Tenant Project, Inc.  4. Corporate address in Rhode Island - Street Address   City   Zip							
3. State of Incorporation	, '			City	Zip				
Rhode Island		st, Suite 132, Box 19		Providence	02907				
5. Foreign corporation. Enter principal office address			City	State	Zip				
C. Delect Described as first									
6. Brief Description of the cha		**							
Promote the preservat	tion and improvemer	nt of housing affordable	e to low and moderate incom	e households					
7. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SPA	CES REFORE USING ATTA	CHMENTS				
President Name		,	Vice President Name						
None			None						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Secretary Name			Treasurer Name						
None			Rose Perry						
Street Address			Street Address						
				26 Somerset St. #3					
City	State	Zip	City	State	Zip				
			Providence	RI	02903				
			ATTACHMENT) TILL IN SPA						
	RECTORS OF A DOM	ESTIC (RHODE ISLA!	ND) CORPORATION SHALL	NOT BE LESS THAN THR	REE (3). R.I.G.L. 7-6-23				
Director Name			Director Name						
Deborah L. Wray			Rochelle Lee						
Street Address			Street Address						
P.O. Box 326909			172 Ontario St.						
City.	State	Zip	City	State	Zip				
Providence	RI	02909	Providence	RI	02907				
Rose Perry			Director Name						
Street Address 26 Sumerset St. #3  Clay Providence State R1 02903			Street Address						
Providence	State L	02 <b>9</b> 03	City	State	Zip				
9. REGISTERED AGEN		l l		ı	l				
This information is curre	ently of record in the	Office of the Secretary o	f State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78				
<u> </u>	<u>.</u>	<del></del>							

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

<b>1</b> 59349			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
File Date	FILED	PM 2: 48	2003 AUL 29	statements contained lerein are true and correct.  Signature of Officer	7/2/04
Check No	O. JUL 2 9 2009 FOR SECRETARY OF STATE USE ONLY	NIINAS D <b>VIE</b> O, Ge st <b>VIE</b> EI∧ED	039 427 38036 450 4500 450 4500	Rose Perry Print or Type Name of Officer  Treasurer	Date'
	095603			Title of Officer	Form 631 Rev. 09/17