

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

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. 2. Name of Corporation 57484 Rhode Island Indian Housing Development Corporation 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Zin Rhode Island 807 Broad Street Providence 02907 5. Foreign corporation. Enter principal office address City State 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Darrell Waldron none Street Address Street Address 807 Broad Street City State ZipCity State Zip Providence Ri 02907 Secretary Name Treasurer Name Norman G. Orodenker Darrell Waldron Street Address Street Address 246 Prairie Avenue, Suite #1 807 Broad Street City State City Zip State Ζip Providence RI 02905 Providence RI 02907 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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 Director Name Darrell Waldron Charles L. Hareld, Sr. Street Address Street Address 807 Broad Street 807 Broad Street City State ZipCity State Zin Providence RI 02907 RI 02907 Providence Director Name Director Name Norman G. Orodenker none Street Address 246 Prairie Avenue, Suite #1 City State Zip City State Zip RI 02905 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 5-10 5-10 F-1

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<i>37</i> 10 1	<u>Com</u>	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	105202	statements contained berein are true and correct.
Check No.	_	Signature of Officer Date  Norman G. Orodenker
Ву:		Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY		Secretary Title of Officer
<del></del>		Form 631 Rev. 09/17