



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 90748		2. Exact name of the Corporation COVENTRY HOUSING ASSOCIATES, CORPORATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PROVIDE SAFE, DECENT AND AFFORDABLE HOUSING THROUGH PROGRAMS			
5. Principal office address 14 MANCHESTER CIRCLE			City COVENTRY	State RI	Zip 02816
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name HAROLD L. TRAFFORD, JR.			Vice-President Name DAN SHEA		
Street Address 15 CENTRE STREET			Street Address 55 TRELIS DRIVE		
City COVENTRY	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02893
Secretary Name ROBERT I. ELDRED			Treasurer Name WILLIAM J. HALL		
Street Address 562 PLAINFIELD PIKE			Street Address 1053 TIOGUE AVENUE		
City GREENE	State RI	Zip 02827	City COVENTRY	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name HAROLD L. TRAFFORD, JR.			Director Name DAN SHEA		
Street Address 15 CENTRE STREET			Street Address 55 TRELIS DRIVE		
City COVENTRY	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02893
Director Name ROBERT I. ELDRED			Director Name MAUREEN K. JENDZEJEC		
Street Address 562 PLAINFIELD PIKE			Street Address 2006 NOOSENECK HILL ROAD		
City GREENE	State RI	Zip 02827	City COVENTRY	State RI	Zip 02816
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

JUN 06 2012

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File Date _____

Check No _____

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.

Harold L. Trafford Jr. 5-31-12
 Signature of Officer _____ Date _____

HAROLD L. TRAFFORD, JR.

Print or Type Name of Officer

PRESIDENT

Title of Officer

Non-Profit Corporation Annual Report 2012

Attachment

COVENTRY HOUSING ASSOCIATES, CORPORATION
Corporate ID # 90748

Additional Names and Addresses of the Directors:

1. WILLIAM J. HALL
1053 TIOGUE AVENUE
COVENTRY, R.I. 02816

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