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. **114467**	2. Exact name of the Corporation **St. Paul Housing Corp.**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **To act in the capacity as general partner of a Rhode Island real estate owning limited partnership for low and moderate income housing**

5. Principal office address	City	State	Zip
389 Greenwich Avenue	**Warwick**	**RI**	**02886**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Robert L. Jacob			**None elected**		
Street Address **69 Highpoint Drive**			Street Address		
City **Warwick**	State **RI**	Zip **02818**	City	State	Zip
Secretary Name **Linda Nelson**			Treasurer Name **Ronald S. Strunz**		
Street Address **950 Main Street**			Street Address **249 Greenwood Avenue**		
City **Warwick**	State **RI**	Zip **02886**	City **Warwick**	State **RI**	Zip **02886**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Linda Nelson			**Robert L. Jacob**		
Street Address **950 Main Street**			Street Address **69 Highpoint Drive**		
City **Warwick**	State **RI**	Zip **02886**	City **Warwick**	State **RI**	Zip **02818**
Director Name **Ronald S. Strunz**			Director Name		
Street Address **249 Greenwood Avenue**			Street Address		
City **Warwick**	State **RI**	Zip **02886**	City	State	Zip

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

File Date _____

Check No _____

By: _____

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FILED
JUN 06 2012
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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.

Robert L. Jacob 6-1-12
Signature of Officer Date

Robert I.Jacob
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012

79004-33-741709