



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. 000064905		2. Exact name of the Corporation COMMUNITY HOUSING RESOURCE BOARD OF NEWPORT COUNTY, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island ASSIST FAMILY WITH HOUSING/LIVING ISSUES.			
5. Principal office address PO BOX 3833		City NEWPORT	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JAMES WINTERS			Vice-President Name		
Street Address 18 CALLENDAR AVENUE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name TAMMY NELSON			Treasurer Name MAXIN SHAVERS		
Street Address 14 SPRING HILL ROAD			Street Address 16 HEATH STREET		
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840
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 BARBARA WINTERS			Director Name CLAY JONES		
Street Address 15 CALLENDAR AVENUE			Street Address 78 WARNER STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name PAUL NELSON			Director Name JIM SULLIVAN		
Street Address 14 SPRING HILL ROAD			Street Address 5 RECORD STREET APT 2B		
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840
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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 07 2012

BY 4546

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 _____ Date _____

Print or Type Name of Officer _____

Title of Officer _____

COMMUNITY HOUSING RESOURCE BOARD OF NEWPORT COUNTY, INC.
2012 RI ANNUAL REPORT
DIRECTOR LISTING

BRIAN YOUNG
2 LOWNDES STREET APT2
NEWPORT, RI 02840

GWEN GEORGE
14 FRIENDSHIP STREET
NEWPORT, RI 02840

MICHELLE DUGA
35 KING STREET
NEWPORT, RI 02840

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JUN 07 2012

BY ED 64905