



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 2009

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. DPN - 3451 <i>34751</i>		2. Exact name of the Corporation Family Housing Development Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The development and management of affordable housing.			
5. Principal office address 570 Broad Street - Suite 204			City Providence	State RI	Zip 02907
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mary Ann Balsamo			Vice-President Name Lillie Littlejohn-Scott		
Street Address 2 Maria Circle			Street Address 5 Thurbers Avenue		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02905
Secretary Name Roberta Goldstein			Treasurer Name Roberta Goldstein		
Street Address 11 Josephine Street - Apt. 103			Street Address 11 Josephine Street - Apt. 103		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Mary Ann Balsamo			Director Name Lillie Littlejohn-Scott		
Street Address 2 Maria Circle			Street Address 5 Thurbers Avenue		
City Johnston	State RI	Zip 02919	City Providence	State RI	Zip 02905
Director Name Roberta Goldstein			Director Name		
Street Address 11 Josephine Street - Apt. 103			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
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

File Date _____

Check No _____

By: _____

OCT 10 2012

BY *CR 180769*

1:33

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.

Mary Ann Balsamo 10/4/12
 Signature of Officer Date

Mary Ann Balsamo

Print or Type Name of Officer

President

Title of Officer