

## 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 2013

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

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation				
154612	Little Compton Housing Trust, Inc.					
3. State of Incorporation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Affordat	Affordable Housing in Little Compton				
5. Principal office address 40 Commons, PO Box 226			City Little Compton	State RI	Zip 02837	
6. LIST ALL OFFICERS (NA	AMES AND ADDI	RESSES) ("X" BOX FOR	ATTACHMENT)			
President Name Patrick Bowen			Vice-President Name  Matthew Ladd			
Street Address 225 Long Highway			Street Address 6 Moorings Way			
City Little Compton	State RI	Zip <b>02837</b>	City Little Compton	State RI	Zip 02837	
Secretary Name Robert Rottmann	1		Treasurer Name Robert Torchia	4.		
Street Address 42 Francis Lane			Street Address 33 S. Shaw Road			
City Little Compton	State RI	Zip <b>02837</b>	City Little Compton	State RI	Zip 02837	
7. LIST ALL DIRECTORS (I ("X" BOX FOR ATTACHN		PRESSES). RHODE ISLA	ND CORPORATIONS MUST LIS	TNO LESS THAN	THREE (3) DIRECTORS	
Director Name			Director Name			
Charles Appleton			Joan Shamshoian			
Street Address			Street Address			
84 Shaw Road			52 Francis Lane			
City	State	Zip	City	State	Zip	
Little Compton	RI	02837	Little Compton	RI	02837	
Director Name			Director Name			
Matthew Ladd			Robert Torchia			
Street Address			Street Address			
6 Moorings Way			33 S. Shaw Road			
City Little Compton	State <b>RI</b>	Zip <b>02837</b>	Little Compton	State <b>Ri</b>	Zip <b>02837</b>	
		A 1 A . 141	of I Wa Compton (40 Commons		DI 00007	
8. REGISTERED AGENT IN			of Little Compton :40 Commons of State. Changes require filing		RI 02837	

		Under penalty of perjury, I declare and affirm that I have examined
File Date		this report, including any accompanying schedules and statements, and that all statements contained have are true and correct.
Check No	FILED	Met 12 omy 4/30/13
Ву:		Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY	MAY 1 3 2013	Print or Type Name of Officer
orm No. 631 <b>By_</b> evised: 05/2012	MNC) # 2002905	$\frac{Secret}{Stille of Officer}$ Title of Officer