



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.

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

1. Entity ID No. 65048		2. Exact name of the Corporation Habitat for Humanity of West Bay and Northern Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To build and/or renovate homes for people in need			
5. Principal office address 389 Greenwich Avenue (PO Box 6743)		City Warwick		State RI	Zip 02887
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Patricia Newman		Vice-President Name Gary Lefrancois			
Street Address 24 Roland Avenue		Street Address 6 Jennings Avenue Apt. A			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Debra Stacey		Treasurer Name Louise Carriere			
Street Address 166 Massachusetts Avenue		Street Address 1 Tanglewood Road			
City Providence	State RI	Zip 02905	City North Smithfield	State RI	Zip 02896
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Raymond Ardente		Director Name Gregory Beaulieu			
Street Address 1800 Mineral Spring Avenue #114		Street Address 20 Bromley Court			
City North Providence	State RI	Zip 02904	City North Kingstown	State RI	Zip 02852
Director Name Joyce Calore		Director Name Vera Gierke			
Street Address 27 Silver Cup Circle		Street Address 23 Benefit Street #1			
City West Warwick	State RI	Zip 02893	City Providence	State RI	Zip 02904
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

File Date **JUN 04 2013**

Check No _____
By: **BY 3262**

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.

Debra Stacey **5/31/13**
Signature of Officer Date
Debra Stacey
Print or Type Name of Officer
Secretary
Title of Officer

Officers and Board Members May 2013

[illegible]

FILED
JUN 04 2013
BY 65040