



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. 000026871		2. Exact name of the Corporation Episcopal Housing Foundation of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Housing and services for the elderly			
5. Principal office address 66 Benefit Street		City Providence		State RI	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bishop W. Nicholas Knisely		Vice-President Name Vacant			
Street Address 274 North Main Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name E. Colby Cameron		Treasurer Name Robert Batchelor			
Street Address c/o Cameron & Mittleman, 301 Promenade Street		Street Address 274 North Main Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02904
7. 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 Kathleen Lavaliee		Director Name David Terry			
Street Address 66 Benefit Street		Street Address 30 Fox Ridge Circle			
City Providence	State RI	Zip 02904	City Wakefield	State RI	Zip 02879
Director Name H. Denman Scott, MD		Director Name Joan Skeffington			
Street Address 111 Brewster Street		Street Address 20 Elmcroft Avenue			
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02908
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 _____

Check No _____

By: _____

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.

Signature of Officer Bishop W. Nicholas Knisely Date 11/19/13

Bishop W. Nicholas Knisely

Print or Type Name of Officer

President

Title of Officer