



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 **2014**

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. 26790		2. Exact name of the Corporation 845 Housing Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To own and operate an elderly/handicapped housing development			
5. Principal office address 845 Wakefield Street		City West Warwick		State RI	Zip 02893
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Giuseppe Lancellotta			Vice-President Name Sandra Reddy		
Street Address 91 Quaker Drive			Street Address 46 Cliffside Drive		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02920
Secretary Name Marianna Marsocci			Treasurer Name Mark Brunero		
Street Address 42 Pontiac Street			Street Address 29 Division Street		
City Warwick	State RI	Zip 02886	City West Greenwich	State RI	Zip 02817
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 Giuseppe Lancellotta			Director Name Flora Coletta		
Street Address 91 Quaker Drive			Street Address 17 Adelaide Avenue		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
Director Name Mark Brunero			Director Name Betty Brunero		
Street Address 29 Division Street			Street Address 825 Wakefield Street		
City West Greenwich	State RI	Zip 02817	City West Warwick	State RI	Zip 02893
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

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.

FILED

Signature of Officer

Date

Giuseppe Lancellotta

Print or Type Name of Officer

President

Title of Officer

BY

JUN 03 2014

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ATTACHMENT

To

845 HOUSING CORPORATION

2014 ANNUAL REPORT

Additional Directors under Section 8:

<u>Name</u>	<u>Address</u>
Frances Gallo	920 Providence St., West Warwick, RI 02893
James Prata	1047 Main Ave., Warwick, RI 02886
Sandra Reddy	46 Cliffside Dr., Cranston, RI 02920