



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

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. 117286		2. Exact name of the Corporation Gemini Housing Corporation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island buy, sell real estate, lease, rent real estate for the purpose of providing housing to low-income and elderly persons			
5. Principal office address 7 Church Street		City Greenville		State RI	Zip 02828
President Name James Barden, Sr.		Vice-President Name Armand LaBrie			
Street Address 73 Smith Avenue		Street Address 7 Church Street C204			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Claudette Kullgowski		Treasurer Name Al Groccia			
Street Address 12 Thibeault Trail		Street Address 3 Lookout Street			
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
DIRECTOR NAME AND ADDRESS (NON-PROFIT CORPORATIONS MUST LIST NO LESS THAN THREE DIRECTORS)					
Director Name Lionel JENKINS		Director Name Clare Fortin			
Street Address 43 John Mowry Road		Street Address 7 Church Street			
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
Director Name Joseph Tudino		Director Name Paul Dumouchel			
Street Address 915 Smith Street		Street Address 12 Rogler Farm Road			
City Providence	State RI	Zip 02908	City Smithfield	State RI	Zip 02917
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, duly Authorized Representative, Receiver or Trustee

FILED

JUN 04 2014

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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 or Authorized Representative

Date

6/2/14

JAMES E. BARDEN

Print or Type Name of Officer or Authorized Representative

Attachment

Paul Cavanagh
251 Log Road
Smithfield, RI 02907