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.	2. Exact name of the Corporation				
308667	MANVILLE HILL HOUSING CORP.				
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island				
RI	TO PROVIDE ELDERLY AND HANDICAPPED WITH HOUSING FACILITIES AND SERVICES THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.				
5. Principal office address			City	State	Zip
1029 MENDON ROAD			CUMBERLAND	RI	02864
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name			Vice-President Name		
EUGENE MCMAHON			KENNETH ANDERSON		
Street Address			Street Address		
1029 MENDON ROAD			1029 MENDON ROAD		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
Secretary Name			Treasurer Name		
ESTHER LAVALLEE			JOSEPH LAMAGNA		
Street Address			Street Address		
1029 MENDON ROAD			1029 MENDON ROAD		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
JOANNE BUTTIE			JOHN MACQUEEN		
Street Address			Street Address		
1029 MENDON ROAD			1029 MENDON ROAD		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
Director Name			Director Name		
RICHARD HILTON					
Street Address			Street Address		
1029 MENDON ROAD					
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864			
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 10 2014
BY 1844

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 7/9/14

JOSEPH A LAMAGNA
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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