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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
506696	SANDYWOODS HOMES, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	CHURCH COMMUNITY HOUSING CORPORATION

5. Principal office address	City	State	Zip
50 WASHINGTON SQUARE	NEWPORT	RI	02840

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
MARJORIE E. JENSEN	1724 CRANDALL ROAD	TIVERTON	RI	02878

Vice-President Name	Street Address	City	State	Zip
PAUL MURPHY	423 UNION STREET	PORTSMOUTH	RI	02871

Secretary Name	Street Address	City	State	Zip
ROBERT M. SABEL	50 WASHINGTON SQUARE	NEWPORT	RI	02840

Treasurer Name	Street Address	City	State	Zip
ROBERT M. SABEL	50 WASHINGTON SQUARE	NEWPORT	RI	02840

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MARJORIE E. JENSEN	1724 CRANDALL ROAD	TIVERTON	RI	02878

Director Name	Street Address	City	State	Zip
PAUL MURPHY	423 UNION STREET	PORTSMOUTH	RI	02871

Director Name	Street Address	City	State	Zip
ROBERT M. SABEL	50 WASHINGTON SQUARE	NEWPORT	RI	02840

Director Name	Street Address	City	State	Zip

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 14 2014
BY 8799

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.

Robert M. Sabel 6/26/14
Signature of Officer or Authorized Representative Date

ROBERT M. SABEL
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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