RI SOS Filing Number: 201444757860 Date: 08/26/2014 4:00 PM

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
504745	GOLDEN RIDGE HOUSING, INC.
3. State of Incorporation: RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island: DEVELOPMENT OF LOW AND MODERATE INCOME HOUSING

5. Principal office address	City	State	Zip
14 MANCHESTER CIRCLE	COVENTRY	RI	02816

6. LIST ALL OFFICERS' NAMES AND ADDRESSES • SEE BOX FOR ATTACHMENT ☐

President Name	Vice-President Name
HAROLD L.TRAFFORD, JR.	DAN SHEA
Street Address	**Street Address**
15 CENTRE STREET	55 TRELLIS DRIVE
City / State / Zip	**City / State / Zip**
COVENTRY / RI / 02816	WEST WARWICK / RI / 02893
Secretary Name	**Treasurer Name**
ROBERT I. ELDRED	DONALD G. OSLEY
Street Address	**Street Address**
562 PLAINFIELD PIKE	1218 MAIN STREET
City / State / Zip	**City / State / Zip**
GREENE / RI / 02827	WEST WARWICK / RI / 02893

7. LIST ALL DIRECTORS' NAMES AND ADDRESSES • RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS • SEE BOX FOR ATTACHMENT ☑

Director Name	Director Name
HAROLD L. TRAFFORD, JR.	DAN SHEA
Street Address	**Street Address**
15 CENTRE STREET	55 TRELLIS DRIVE
City / State / Zip	**City / State / Zip**
COVENTRY / RI / 92816	WEST WARWICK / RI / 02893
Director Name	**Director Name**
ROBERT I. ELDRED	MAUREEN K. JENDZEJEC
Street Address	**Street Address**
562 PLAINFIELD PIKE	26 ROBBINS DRIVE
City / State / Zip	**City / State / Zip**
GREENE / RI / 02827	COVENTRY / RI / 02816

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

Filing Fee
Check No.
By
FOR SECRETARY OF STATE USE ONLY

FILED
AUG 26 2014
BY 10302

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.

Harold L. Trafford Jr. 8-15-14
Signature of Officer or Authorized Representative — Date

HAROLD L. TRAFFORD, JR.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

6 3244

110435-4-977164

Non-Profit Corporation Annual Report 2014

Attachment

COVENTRY HOUSING ASSOCIATES, CORPORATION

Corporate ID # 90748

Additional Names and Addresses of the Directors:

1. R. DAVID JERVIS
   300 ABBOTTS CROSSING ROAD
   COVENTRY, RHODE ISLAND 02816

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AUG 26 2014

BY 50474