



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

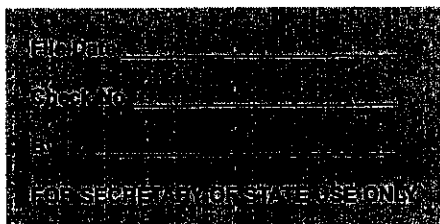
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 504745		2. Exact name of the Corporation 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 14 MANCHESTER CIRCLE		City COVENTRY		State RI	Zip 02816
LIST ALL OFFICERS, DIRECTORS, AND ADDRESSES (Do not leave blank)					
President Name HAROLD L. TRAFFORD, JR.		Vice-President Name DAN SHEA			
Street Address 15 CENTRE STREET		Street Address 55 TRELIS DRIVE			
City COVENTRY	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02893
Secretary Name ROBERT I. ELDRED		Treasurer Name DONALD G. OSLEY			
Street Address 562 PLAINFIELD PIKE		Street Address 1218 MAIN STREET			
City GREENE	State RI	Zip 02827	City WEST WARWICK	State RI	Zip 02893
LIST ALL DIRECTORS (NAME AND ADDRESSES - RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS BY BOX FOR ATTACHMENT ☒					
Director Name HAROLD L. TRAFFORD, JR.		Director Name DAN SHEA			
Street Address 15 CENTRE STREET		Street Address 55 TRELIS DRIVE			
City COVENTRY	State RI	Zip 92816	City WEST WARWICK	State RI	Zip 02893
Director Name ROBERT I. ELDRED		Director Name MAUREEN K. JENDZEJEC			
Street Address 562 PLAINFIELD PIKE		Street Address 26 ROBBINS DRIVE			
City GREENE	State RI	Zip 02827	City COVENTRY	State RI	Zip 02816
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



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AUG 26 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

HAROLD L. TRAFFORD, JR.

Print or Type Name of Officer or Authorized Representative

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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