



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 **2013**

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. 504463		2. Exact name of the Corporation Rhode Island Manufactured Housing Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To engage in evaluating, examining, and reviewing the rules and regulations promulgated relative to mobile and manufactured homes and mobile home parks			
5. Principal office address 1A Liena-Rose Way		City Coventry	State RI	Zip 02816	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Assalone			Vice-President Name Lisa Fiore		
Street Address 1A Liena-Rose Way			Street Address 170 Fiore Industrial Dr		
City Coventry	State RI	Zip 02816	City South Kingstown	State RI	Zip 02993
Secretary Name Lisa Fiore			Treasurer Name Joseph Jackson		
Street Address 170 Fiore Industrial Dr			Street Address 1A Liena-Rose Way		
City South Kingstown	State RI	Zip 02993	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Assalone			Director Name Lisa Fiore		
Street Address 1A Liena-Rose Way			Street Address 170 Fiore Industrial Dr		
City Coventry	State RI	Zip 02816	City South Kingstown	State RI	Zip 02993
Director Name Richard Lewis			Director Name		
Street Address 2400 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	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.					

2014 SEP 17 AM 10:22
 SECRETARY OF STATE
 CORPORATIONS DIV

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

10:22 AM

FILED

SEP 17 2014

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KCM

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

9/15/14

President

Print or Type Name of Officer or Authorized Representative