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
92330	**Statewide Housing Action Coalition, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Low-income housing policy advocacy, and low-income tenant organizing and education.**

5. Principal office address	City	State	Zip
1070 Main Street	**Pawtucket**	**RI**	**02860**

6. OFFICERS (NAMES AND ADDRESSES) ☐ ADD 2 FOR ATTACHMENT

President Name			Vice-President Name		
Marilyn Drummond			**Jean Johnson**		
Street Address			Street Address		
c/o 1070 Main Street			**c/o 1070 Main Street**		
City	State	Zip	City	State	Zip
Pawtucket	**RI**	**02860**	**Pawtucket**	**RI**	**02860**
Secretary Name			Treasurer Name		
Tanja Kubas-Meyer			**Carlos Hernandez**		
Street Address			Street Address		
c/o 1070 Main Street			**c/o 1070 Main Street**		
City	State	Zip	City	State	Zip
Pawtucet	**RI**	**02860**	**Pawtucket**	**RI**	**02860**

7. DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ☐ ADD 2 FOR ATTACHMENT

Director Name			Director Name		
Carol Brotman			**Deborah Wray**		
Street Address			Street Address		
c/o 1070 Main Street			**c/o 1070 Main Street**		
City	State	Zip	City	State	Zip
Pawtucket	**RI**	**02860**	**Pawtucket**	**RI**	**02860**
Director Name			Director Name		
Roberta Aaronson					
Street Address			Street Address		
1070 Main Street					
City	State	Zip	City	State	Zip
Pawtucket	**RI**	**02860**			

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

[redacted]
FOR SECRETARY OF STATE USE ONLY

FILED
DEC 26 2014
BY 37339

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.

Marilyn D. Drummond 12/23/14
Signature of Officer or Authorized Representative Date

Marilyn D. Drummond
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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