



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

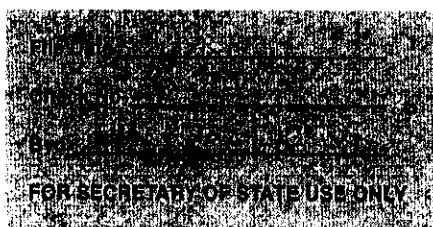
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 92330		2. Exact name of the Corporation Statewide Housing Action Coalition, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Low-income housing policy advocacy, and low-income tenant organizing and education.			
5. Principal office address 1070 Main Street		City Pawtucket		State RI	Zip 02860
6. OFFICERS AND DIRECTORS (NAME AND ADDRESS) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS)					
President Name Marilyn Drummond		Vice-President Name Jean Johnson			
Street Address c/o 1070 Main Street		Street Address c/o 1070 Main Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Tanja Kubas-Meyer		Treasurer Name Carlos Hernandez			
Street Address c/o 1070 Main Street		Street Address c/o 1070 Main Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
7. BOARD OF DIRECTORS (NAME AND ADDRESS) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS)					
Director Name Carol Brotman		Director Name Deborah Wray			
Street Address c/o 1070 Main Street		Street Address c/o 1070 Main Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Roberta Aaronson		Director Name			
Street Address 1070 Main Street		Street Address			
City Pawtucket	State RI	Zip 02860	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



FILED

DEC 26 2014

BY

92330

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

Signature of Officer or Authorized Representative

Date

12/23/14

Marilyn D. Drummond

Print or Type Name of Officer or Authorized Representative