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
000064905	**COMMUNITY HOUSING RESOURCE BOARD OF NEWPORT COUNTY, INC.**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **ASSIST FAMILIES WITH HOUSING/LIVING PROBLEMS**

5. Principal office address	City	State	Zip
PO BOX 3833	**NEWPORT**	**RI**	**02840**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
JAMES WINTERS					
Street Address			Street Address		
18 CALLENDAR AVENUE					
City	State	Zip	City	State	Zip
NEWPORT	**RI**	**02840**			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
BARBARA WINTERS			**TAMMY NELSON**		
Street Address			Street Address		
18 CALLENDAR AVENUE			**14 SPRING HILL ROAD**		
City	State	Zip	City	State	Zip
NEWPORT	**RI**	**02840**	**PORTSMOUTH**	**RI**	**02871**
Director Name			Director Name		
MAXINE SHAVERS					
Street Address			Street Address		
16 HEATH STREET					
City	State	Zip	City	State	Zip
NEWPORT	**RI**	**02840**			

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
DEC 30 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: 12/29/14

JAMES WINTERS
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014