



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 **2015**

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. 89950		2. Exact name of the Corporation Narragansett Affordable Housing Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Create and maintain affordable housing and provide community outreach for low/moderate income individuals and families.			
5. Principal office address 25 Fifth Avenue			City Narragansett	State RI	Zip 02882
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Michael C. McLoughlin			Vice-President Name Cheryl A. Hartnett		
Street Address 102 Weathervane Road			Street Address 233 Mulberry Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 W. Patrick McQueeney			Director Name Gene Wills		
Street Address 41 Bonnet View Drive			Street Address P.O. Box 3360		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name James Arrighi			Director Name Vacant		
Street Address 48 Maywood Road			Street Address		
City Narragansett	State RI	Zip 02882	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.					

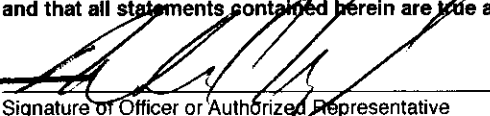
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

MAY 04 2015

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.

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

BY 4329  4-30-15
 Signature of Officer or Authorized Representative Date
Michael C. McLoughlin
 Print or Type Name of Officer or Authorized Representative