State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000084101

2. Name of Corporation CENTRAL FALLS AFFORDABLE HOUSING CORPORATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 30 WASHINGTON STREET
City or Town: CENTRAL FALLS State: RI Zip: 02863 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE SAFE, DECENT AND AFFORDABLE HOUSING THROUGH PURCHASE, CONSTRUCTION, DEVELOPMENT, REHABILITATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TINA-MARIE SULLIVAN	30 WASHINGTON ST CENTRAL FALLS , RI 02863 USA
DIRECTOR	KRISTIN ROJAS	1200 CENTRAL AVENUE PAWTUCKET, RI 02860 USA

DIRECTOR	SANDRA CANO	693 BROAD STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	GLADYS BURNS	30 WASHINGTON STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	GIGETT GRIVER	BROAD STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	LESLIE ESTRADA	46 PERRY STREET CENTRAL FALLS, RI 02863 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

TINA SULLIVAN 30 WASHINGTON STREET CENTRAL FALLS , RI 02863

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

Signed this 4 Day of June, 2015 at 12:51:08 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PAULA LLERA DELGADO
Signature of Authorized Person

Form No. 631
Revised 09/07

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