



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. 149963		2. Exact name of the Corporation Washington County Community Development Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Decent, affordable housing in Washington County, Rhode Island, for low and moderate income residents of Rhode Island.			
5. Principal office address 400 Tower Hill Road		City North Kingstown	State RI	Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Geoffrey A. Marchant			Vice-President Name Charles Vernon		
Street Address 125 Main Street, Box 111			Street Address P.O. Box 1642		
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
Secretary Name Marilyn Cohen			Treasurer Name vacant		
Street Address 131 Westwind Road			Street Address		
City Wakefield	State RI	Zip 02879	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) <input type="checkbox"/>					
Director Name Barbara Gavin			Director Name Susan Jacobsen		
Street Address 8 Baldwin Court			Street Address 64 Indian Run Trail		
City Narragansett	State RI	Zip 02882	City South Kingstown	State RI	Zip 02879
Director Name Jared Rhodes			Director Name Jan Hall-Stinson		
Street Address 55 Laurel Street			Street Address 52 Lake Drive		
City Ashaway	State RI	Zip 02804	City North Kingstown	State RI	Zip 02852
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
By _____

FILED
JUN 04 2015

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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.

Geoffrey A. Marchant 6/4/15
Signature of Officer or Authorized Representative Date

Geoffrey A. Marchant, President, WCCDC
Print or Type Name of Officer or Authorized Representative