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.	2. Exact name of the Corporation
962145	**Tenant Health**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**To create and advocate for RI Healty Housing Laws and Policies.**

5. Principal office address	City	State	Zip
252 Knight Street	**Providence**	**RI**	**02909**

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

President Name			Vice-President Name		
David M. Mullen			**None**		
Street Address			Street Address		
253 Knight Street					
City	State	Zip	City	State	Zip
Providence	**RI**	**02909**			
Secretary Name			Treasurer Name		
None			**David M. Mullen**		
Street Address			Street Address		
			253 Knight Street		
City	State	Zip	City	State	Zip
			Providence	**RI**	**02909**

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		
Dr. Jack Colby			**Matthew McBurney, Esq.**		
Street Address			Street Address		
622 Lovers Lane			**89 Woodbury Street**		
City	State	Zip	City	State	Zip
Warwick	**RI**	**02818**	**Providence**	**RI**	**02906**
Director Name			Director Name		
Eben Hutchison, MA, CPA					
Street Address			Street Address		
77 Huber Avenue					
City	State	Zip	City	State	Zip
Providence	**RI**	**02909**			

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
JUN 19 2015
BY 0992

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.

DMM 6/16/15
Signature of Officer or Authorized Representative — Date

David M. Mullen
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014