



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. 000799337

2. Name of Corporation Cumberland Housing Assistance Program, Ltd.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 573 MENDON ROAD
SUITE 4

City or Town: CUMBERLAND State: RI Zip: 02864 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 CONSTRUCT PURCHASE OR REHABILITATE HOUSING FOR FAMILIES OF MODERATE AND LOW INCOME

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
PRESIDENT	EDWARD MULHOLLAND	380 NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA
VICE PRESIDENT	RICHARD HILTON	588 BROAD ST.

		CUMBERLAND, RI 02864 USA
DIRECTOR	EUGENE MCMAHON	80 FISHER ROAD, #33 CUMBERLAND, RI 02864 USA
DIRECTOR	RICHARD CONFORTI	ONE MENDON ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	JOSEPH LAMAGNA	23 AURORA DRIVE CUMBERLAND, RI 02864 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**

TOWN OF CUMBERLAND HOUSING AUTHORITY 573 MENDON ROAD, SUITE 4 CUMBERLAND , RI
02864

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

Signed this 29 Day of June, 2015 at 11:42:37 AM 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 JOANE PENSWICK
Signature of Authorized Person

Form No. 631
Revised 09/07

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