



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. 000051568

2. Name of Corporation The Woonsocket Neighborhood Development Corporation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 719 FRONT STREET, SUITE 103

City or Town: WOONSOCKET

State: RI Zip: 02895 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

THE DEVELOPMENT OF AFFORDABLE HOUSING AND NEIGHBORHOOD REVITALIZATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	NANCY GIAMBUSSO	31 CHERRY HILL AVENUE WOONSOCKET, RI 02895 USA
TREASURER	JAMES CRISAFULLI	69 WARWICK STREET WOONSOCKET, RI 02895 USA

SECRETARY	EMMA DANDY	43 SNOW STREET WOONSOCKET, RI 02895 USA
DIRECTOR	NANCY PARADEE	6 CRESTWOOD DRIVE BLACKSTONE , MA 01504 USA
DIRECTOR	RICHARD KYTE	565 CENTRAL STREET MAPLEVILLE, RI 02839 USA
DIRECTOR	GEORGE COSTA	719 FRONT STREET WOONSOCKET, RI 02895 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**

CHARLES KOUTSIAGNE ONE GROVE AVENUE EAST PROVIDENCE , RI 02914

**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 3:01:40 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 JOSEPH F GARLICK, JR  
Signature of Authorized Person

Form No. 631  
Revised 09/07