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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
68151	**The Housing Network: The Rhode Island Association of Non-Profit Housing Developers**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **to raise the economic, educational & social levels of the residents of RI, including minorities to expand opportunities.**

5. Principal office address	City	State	Zip
1070 Main Street	**Pawtucket**	**RI**	**02860**

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

President Name	Vice-President Name
Jean M. Johnson	**Joseph Caffey**
Street Address **PO Box 8608**	Street Address **810 Eddy Street**
City / State / Zip **Warwick / RI / 02886**	City / State / Zip **Providence / RI / 02905**
Secretary Name **Linda Weisinger**	Treasurer Name **Kim Smith Barnett**
Street Address **204 Broad Street**	Street Address **372 Fountain Street**
City / State / Zip **Pawtucket / RI / 02860**	City / State / Zip **Providence / RI / 02903**

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
Steven Ostiguy	**Jennifer Hawkins**
Street Address **50 Washington Square**	Street Address **861 Broad Street**
City / State / Zip **Newport / RI / 02840**	City / State / Zip **Providence / RI / 02907**
Director Name **Joseph Garlick**	Director Name
Street Address **719 Front Street**	Street Address
City / State / Zip **Woonsocket / RI / 02895**	City / State / Zip

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

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CORPORATIONS DIV.

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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.

M. Lodge — **7/6/2015**
Signature of Officer or Authorized Representative — Date

Melina Lodge
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122739-2-1034725