



**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. 000027570

2. Name of Corporation Newport Housing Development Corporation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 120B HILLSIDE AVE.

City or Town: NEWPORT

State: RI

Zip: 02840

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

DEVELOPS LOW INCOME HOUSING

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
SECRETARY	RHONDA MITCHELL	285 CORYS LANE PORTSMOUTH, RH 02871 US
VICE PRESIDENT	FRANK COLEMAN	4 ARMSTRONG PLACE NEWPORT, RI 02840 USA
PRESIDENT	FRANK LANDRY JR	59 FRIENDSHIP STREET

		NEWPORT, RI 02840 USA
DIRECTOR	NICOLE VAZQUEZ	38 WHITWELL AVE NEWPORT, RI 02840 USA
DIRECTOR	CHERYL ABNEY	12 SUMMER STREET NEWPORT, RI 02840 USA
DIRECTOR	FRANK MCCAULEY	36B EARL AVE. NEWPORT, RI 02840 USA
DIRECTOR	CHARLES LORANJO	12 COUNTY STREET NEWPORT, RI 02840 USA
DIRECTOR	PEGGY HENDERSON	19 CHAPEL ST. NEWPORT, RI 02840 US

**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**

JAMES J. REED ONE YORK STREET NEWPORT , RI 02840

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

Signed this 2 Day of December, 2015 at 3:53:13 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 RHONDA MITCHELL
Signature of Authorized Person

Form No. 631
Revised 09/07

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