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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
422805	**Housing Action Coalition of Rhode Island**
3. State of Incorporation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **Low-income housing policy advocacy, and low-income tenant organizing and education.**

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	Street Address	City	State	Zip
Marilyn Drummond	**c/o 1070 Main Street**	**Pawtucket**	**RI**	**02860**

Vice-President Name	Street Address	City	State	Zip
Jean Johnson	**c/o 1070 Main Street**	**Pawtucket**	**RI**	**02860**

Secretary Name	Street Address	City	State	Zip
Tanja Kubas-Meyer	**c/o 1070 Main Street**	**Pawtucet**	**RI**	**02860**

Treasurer Name	Street Address	City	State	Zip
Carlos Hernandez	**c/o 1070 Main Street**	**Pawtucket**	**RI**	**02860**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Carol Brotman	**c/o 1070 Main Street**	**Pawtucket**	**RI**	**02860**

Director Name	Street Address	City	State	Zip
Deborah Wray	**c/o 1070 Main Street**	**Pawtucket**	**RI**	**02860**

Director Name	Street Address	City	State	Zip
Marilyn Drummond	**c/o 1070 Main Street**	**Pawtucket**	**RI**	**02860**

Director Name	Street Address	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

DEC 10 PM 22

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
DEC 10 2015
By 263021
A.A. 2:25 p.m.

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.

Marilyn D. Drummond 11-4-2015
Signature of Officer or Authorized Representative — Date

MARILYN D. DRUMMOND
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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