



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

2015

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2016 JAN 13 AM 11:10
 02905

1. Entity ID No. DPN-34751		2. Exact name of the Corporation Family Housing Development Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The development and management of affordable housing.			
5. Principal office address 5 Thurbers Avenue		City Providence		State RI	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mary Ann Balsamo			Vice-President Name Lillie Littlejohn-Scott		
Street Address 8515 Monarch Place			Street Address 5 Thurbers Avenue		
City Palmetto	State FL	Zip 34221	City Providence	State RI	Zip 02905
Secretary Name Roberta Goldstein			Treasurer Name Roberta Goldstein		
Street Address 17A Sawin Avenue			Street Address 17A Sawin Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Mary Ann Balsamo			Director Name Lillie Littlejohn-Scott		
Street Address 8515 Monarch Place			Street Address 5 Thurbers Avenue		
City Palmetto	State FL	Zip 34221	City Providence	State RI	Zip 02905
Director Name Roberta Goldstein			Director Name		
Street Address 17A Sawin Avenue			Street Address		
City North Providence	State RI	Zip 02911	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY MA 205162

FILED

JAN 13 2016

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.

Lillie Littlejohn - Scott 1/13/2016
 Signature of Officer or Authorized Representative Date

Lillie Littlejohn-Scott, Vice President

Print or Type Name of Officer or Authorized Representative