



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. 000027827		2. Exact name of the Corporation Brown Association for Cooperative Housing			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island A housing cooperative aiming to provide low-income housing alternatives in the Providence community.			
5. Principal office address 116 Waterman st.		City Providence		State RI	Zip 02906
6. OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) ☐					
President Name none		Vice-President Name none			
Street Address none		Street Address none			
City none	State none	Zip none	City none	State none	Zip none
Secretary Name none		Treasurer Name Juan F Santoyo			
Street Address none		Street Address 72 Arnold			
City none	State none	Zip none	City Providence	State RI	Zip 02906
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Evan McManamy		Director Name Johanna E Wegener			
Street Address 166 Waterman		Street Address 166 Waterman st			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Dylan Cole-Kink		Director Name none			
Street Address 116 Waterman st		Street Address none			
City Providence	State RI	Zip 02906	City none	State none	Zip none
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

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

Date

Juan F Santoyo

Print or Type Name of Officer or Authorized Representative

11:03 AM
FILED
FEB 18 2016
By **267904**
KM

2-15-2016