



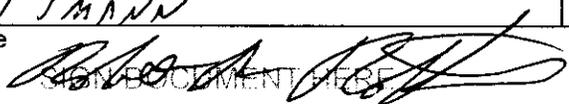
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 154612		2. Exact name of the Corporation Little Compton Housing Trust, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Affordable Housing in Little Compton			
5. Principal Office Address 40 Commons, PO Box 226			City Little Compton	State RI	Zip 02837
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patrick Bowen			Vice-President Name Matthew Ladd		
Street Address 225 Long Highway			Street Address 6 Moorings Way		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Robert Rottmann			Treasurer Name Joan Shamshoian		
Street Address 42 Francis Lane			Street Address 52 Francis Lane		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles Appleton			Director Name Joan Shamshoian		
Street Address 84 Shaw Road			Street Address 52 Francis Lane		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name Matthew Ladd			Director Name Robert Rottmann		
Street Address 6 Moorings Way			Street Address 42 Francis Lane		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <u>Robert Rottmann</u>					Date <u>5/24/16</u>
Signature of Officer/Authorized Representative 					

FILED *RL*

MAY 26 2016