



**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		2. Exact name of the Corporation			
29526		Peace Dale United Church Housing, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To provide affordable housing to the elderly and handicapped			
5. Principal Office Address		City	State	Zip	
1221 Saugatucket Road		Wakefield	RI	02879	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Linda Redmond		Vice-President Name Judith Healy			
Street Address 33 Woodman's Trail		Street Address 62 Fire Lane 6			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mary Louise McMillan		Treasurer Name Carol Anne Hayes			
Street Address 20 Cobblestone Hill Road		Street Address 195 North Niantic Drive			
City Exeter	State RI	Zip 02822	City Charlestown	State RI	Zip 02813
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 Carol Vetter		Director Name Carol Ulmschneider			
Street Address 188 Briarwood Drive		Street Address 314 Pine Hill Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name James Balnaves		Director Name Shirley Anderson			
Street Address 66 Edgewater Road		Street Address 139 Highland Avenue			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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				Date	
Linda Redmond, President				5-26-2016	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED

MAY 31 2016

BY Linda Redmond