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
36306	FEDERATION of RI MOBILE HOMEOWNERS
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	PROMOTE LOW AND MODERATE INCOME HOUSING

5. Principal Office Address	City	State	Zip
45 Maplewood Housing	Maplevile	RI	02839

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DOROTHY SLINEY	ANNETTE FOLZ
Street Address: 45 Maplewood Drive	Street Address: 225 Brayton Road
City: Maplevile / State: RI / Zip: 02839	City: Tiverton / State: RI / Zip: 02878
Secretary Name	**Treasurer Name**
IRENE ROBINSON	MARIA MONTECALVO
Street Address: 45 Maplewood Dr.	Street Address: 460 Beverage Hill Ave
City: Maplevile / State: RI / Zip: 02839	City: Pawtucket / State: RI / Zip: 02861

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
DOROTHY SLINEY	MARIA MONTECALVO
Street Address: 45 Maplewood Drive	Street Address: 460 Beverage Hill Ave
City: Maplevile / State: RI / Zip: 02839	City: Pawtucket / State: RI / Zip: 02861
Director Name	**Director Name**
IRENE ROBINSON	ANNETTE FOLZ
Street Address: 45 Maplewood Drive	Street Address: 225 Brayton Road
City: Maplevile / State: RI / Zip: 02839	City: Tiverton / State: RI / Zip: 02878

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
DOROTHY SLINEY	6/2/16

Signature of Officer/Authorized Representative: Dorothy Sliney SIGN DOCUMENT HERE

FILED
JUN 06 2016
STAMP
BY 1990S

Form No. 631
Revised: 2016