RI SOS Filing Number: 201600854400 Date: 06/20/2016 4:00 PM

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

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 20 PM 12: 10

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000041512	**Habitat for Humanity of Rhode Island - Greater Providence, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To eliminate substandard housing in communities in the Greater Providence, RI area**

5. Principal Office Address	City	State	Zip
1155 Westminster Street, #208	**Providence**	**RI**	**02909**

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

President Name **Mark Rhoads**			Vice-President Name **None**		
Street Address **20 Powhattan Street**			Street Address		
City **Providence**	State **RI**	Zip **02906**	City	State	Zip
Secretary Name **Lou Petrucci**			Treasurer Name **None**		
Street Address **121 East View Avenue**			Street Address		
City **Cranston**	State **RI**	Zip **02920**	City	State	Zip

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

Director Name **David O'Connor**			Director Name **Elizabeth Hathaway RSM**		
Street Address **347 Eaton Street**			Street Address **179 Middleboro Road**		
City **Providence**	State **RI**	Zip **02908**	City **East Freetown**	State **MA**	Zip **02717**
Director Name **Rhonda Araujo**			Director Name		
Street Address **116 Cumberland Street**			Street Address		
City **Providence**	State **RI**	Zip **02908**	City	State	Zip

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
John Chmil, Executive Director	6/15/16

Signature of Officer/Authorized Representative: John Chmil
SIGN DOCUMENT HERE

12:10pm
FILED
JUN 20 2016
By 277093
ICM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

138348-2-1096810

FORM 631 - Revised: 05/2016