



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

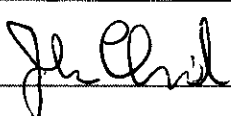
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 20 PM 12:10

1. Entity ID Number 000041512		2. Exact name of the Corporation Habitat for Humanity of Rhode Island - Greater Providence, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To eliminate substandard housing in communities in the Greater Providence, RI area ☒			
5. Principal Office Address 1155 Westminster Street, #208		City Providence	State RI	Zip 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.					
<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 John Chmil, Executive Director				Date 6/15/16	
Signature of Officer/Authorized Representative 					
SIGN DOCUMENT HERE					

12:10pm
FILED

JUN 20 2016

By 277093
1CM

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016