




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			
149963		Washington County Community Development Corporation			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Decent, affordable housing in Washington County for low/mod income RI residents			
5. Principal Office Address		City	State	Zip	
400 Tower Hill Road		North Kingstown	RI	02852	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Chris Hannifan			Vice-President Name Charles Vernon		
Street Address 25 Remington Street			Street Address P.O. Box 1642		
City Warwick	State RI	Zip 02888	City North Kingstown	State RI	Zip 02852
Secretary Name Marilyn Cohen			Treasurer Name		
Street Address 131 Westwind Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Barbara Gavin			Director Name Christopher Sheehan		
Street Address 8 Baldwin Court			Street Address 67 Ross Hill Rd		
City Narragansett	State RI	Zip 02882	City Charlestown	State RI	Zip 02813
Director Name Susan Jacobsen			Director Name Jan Hall-Stinson		
Street Address 64 Indian Run Trail			Street Address 52 Lake Drive		
City South Kingstown	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 Charles Vernon, Vice President, WCCDC Board				Date 6/14/16	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

FILED

JUN 20 2016

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