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
72024	**ANTHONY HOUSE HOUSING CORPORATION**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**Providing lower income elderly & handicapped person with affordable housing**

5. Principal Office Address	City	State	Zip
50 WASHINGTON SQUARE	**NEWPORT**	**RI**	**02840**

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

President Name **ROBERT M. SABEL**			Vice-President Name **PAUL MURPHY**		
Street Address **50 WASHINGTON SQUARE**			Street Address **50 WASHINGTON SQUARE**		
City **NEWPORT**	State **RI**	Zip **02840**	City **NEWPORT**	State **RI**	Zip **02840**
Secretary Name **MARJORIE E. JENSEN**			Treasurer Name **MARJORIE E. JENSEN**		
Street Address **50 WASHINGTON SQUARE**			Street Address **50 WASHINGTON SQUARE**		
City **NEWPORT**	State **RI**	Zip **02840**	City **NEWPORT**	State **RI**	Zip **02840**

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

Director Name **ELIZABETH PHELPS**			Director Name **SUSAN BODINGTON**		
Street Address **50 WASHINGTON SQUARE**			Street Address **50 WASHINGTON SQUARE**		
City **NEWPORT**	State **RI**	Zip **02840**	City **NEWPORT**	State **RI**	Zip **02840**
Director Name **ROBERT M. SABEL**			Director Name **PAUL MURPHY**		
Street Address **50 WASHINGTON SQUARE**			Street Address **50 WASHINGTON SQUARE**		
City **NEWPORT**	State **RI**	Zip **02840**	City **NEWPORT**	State **RI**	Zip **02840**

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
ROBERT M. SABEL	**6/6/2016**

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED 02
JUN 21 2016
BY 001334

Form No. 631
Revised: 2016
138394-2-1136195