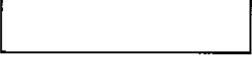




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

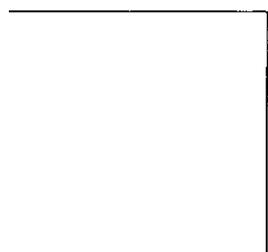


Non-Profit Corporation Annual Report for the year: 2016

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			
506696		SANDYWOODS HOMES, INC.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		CHURCH COMMUNITY HOUSING CORPORATION			
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 <input type="checkbox"/>
President Name MARJORIE E. JENSEN		Vice-President Name PAUL MURPHY			
Street Address 1724 CRANDALL ROAD		Street Address 423 UNION STREET			
City TIVERTON	State RI	Zip 02878	City PORTSMOUTH	State RI	Zip 02871
Secretary Name ROBERT M. SABEL		Treasurer Name ROBERT M. SABEL			
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 <input type="checkbox"/>
Director Name SUSAN BODINGTON		Director Name ELIZABETH PHELPS			
Street Address 50 WASHINGTON SQUARE		Street Address 50 WASHINGTON SQUARE			
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name PATRICIA SARGENT		Director Name MARJORIE E. JENSEN			
Street Address 50 WASHINGTON SQUARE		Street Address 1724 CRANDALL ROAD			
City NEWPORT	State RI	Zip 02840	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.					
<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 ROBERT M. SABEL				Date 6/6/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	



FILED *02*

JUN 21 2016

BY 001541