



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
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 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>187766</b>		2. Exact name of the Corporation <b>WINSLOW HOUSING CORP.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE AFFORDABLE HOUSING OPPORTUNITIES TO LOW INCOME FAMILIES</b>			
5. Principal office address <b>1029 MENDON RD</b>		City <b>CUMBERLAND</b>		State <b>RI</b>	Zip <b>02864</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>EDWARD MULHOLLAND</b>		Vice-President Name <b>JOHN GORDON</b>			
Street Address <b>1029 MENDON RD</b>		Street Address <b>1029 MENDON</b>			
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>JOANNE BUTTIE</b>		Treasurer Name <b>PETER BOUCHARD</b>			
Street Address <b>1029 MENDON RD</b>		Street Address <b>1029 MENDON RD</b>			
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>JOANNE BUTTIE</b>		Director Name <b>JOHN GORDON</b>			
Street Address <b>1029 MENDON RD</b>		Street Address <b>1029 MENDON RD</b>			
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>EDWARD MULHOLLAND</b>		Director Name <b>PETER BOUCHARD</b>			
Street Address <b>1029 MENDON RD</b>		Street Address <b>1029 MENDON RD</b>			
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

*Peter Bouchard* 6/9/16  
Signature of Officer or Authorized Representative Date

*Peter Bouchard*  
Print or Type Name of Officer or Authorized Representative