



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. 187766		2. Exact name of the Corporation WINSLOW HOUSING CORP.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO PROVIDE AFFORDABLE HOUSING OPPORTUNITIES TO LOW INCOME FAMILIES			
5. Principal office address 1029 MENDON RD		City CUMBERLAND		State RI	Zip 02864
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name EDWARD MULHOLLAND			Vice-President Name JOHN GORDON		
Street Address 1029 MENDON RD			Street Address 1029 MENDON		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name JOANNE BUTTIE			Treasurer Name PETER BOUCHARD		
Street Address 1029 MENDON RD			Street Address 1029 MENDON RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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"/>					
Director Name JOANNE BUTTIE			Director Name JOHN GORDON		
Street Address 1029 MENDON RD			Street Address 1029 MENDON RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name EDWARD MULHOLLAND			Director Name PETER BOUCHARD		
Street Address 1029 MENDON RD			Street Address 1029 MENDON RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. REGISTERED AGENT IN RHODE ISLAND					
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