



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000522591

**2. Name of Corporation** West Elmwood NeighborWorks Home Ownership Center, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 224 DEXTER STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE CORPORATION IS CONSTITUTED FOR THE PURPOSE OF HELPING TO PROMOTE HEALTHY AND SUSTAINABLE NEIGHBORHOOD REVITALIZATION IN THE WEST END AND OTHER NEIGHBORHOODS OF PROVIDENCE, AND PROMOTING AFFORDABLE HOUSING GOALS IN THIS AREA AND THROUGHOUT RI TO CREATE ECONOMICALLY AND ENVIRONMENTALLY HEALTHY COMMUNITIES IN WHICH ALL PEOPLE, ESPECIALLY THOSE WITH LOW INCOMES CAN REACH THEIR FULL POTENTIAL BY PROVIDING LOANS, PRE AND POST PURCHASE COUNSELING AND EDUCATION AND RELATED SERVICES FOR HOME BUYERS AND HOME OWNERS, TO ACHIEVE THESE GOALS IN THE STATE OF RHODE ISLAND. FURTHERMORE, THE PURPOSES OF THE CORPORATION ARE EXCLUSIVELY RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY AND/OR EDUCATIONAL WITHIN THE MEANING OF SECTION 501(C)3 OF THE INTERNAL REVENUE CODE OF 1986 OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CLAUDIA MCCONAGHY	224 DEXTER ST PROVIDENCE, RI 02907 USA
TREASURER	RUI ROSA	224 DEXTER ST PROVIDENCE, RI 02907 USA
SECRETARY	PAMELA ROSS	224 DEXTER ST PROVIDENCE, RI 02907 USA
DIRECTOR	CECILIA MEDEIROS	224 DEXTER ST. PROVIDENCE, RI 02907 USA
DIRECTOR	SEAN FONTES	224 DEXTER ST PROVIDENCE, RI 02907 USA
DIRECTOR	ANGELA ANKOMA	224 DEXTER ST PROVIDENCE, RI 02907 USA
DIRECTOR	ELFREDA THORPE	224 DEXTER ST PROVIDENCE, RI 02907 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHELLE D. BAKER, ESQ. THIBODEAU & BAKER, LP 1420 MENDON ROAD CUMBERLAND , RI  
02864

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

**Signed this 30 Day of July, 2016 at 8:34:09 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By CLAUDIA MCCONAGHY  
Signature of Authorized Person

Form No. 631  
Revised 09/07