RI SOS Filing Number: 201746785570 Date: 6/27/2017 4:00:00 PM

of Rhode Island a					
Annual Report for the yea Non-Profit Corporation		ess Services	Division		
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee	if form is not filed	by July 30.	-	2017	7.
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation			
26790	845 Housing Corporation				
3. State of Incorporation	5. Brief descri	E District Control of the Control of			
Rhode Island 4. NAICS Code		To own and operate an elderly/handicapped housing development			
624229 - Other Communit ▼				•	50
6. Principal Office Address			City	State	Zip
845 Wakefield Street	kefield Street			RI	02893
7. List ALL officers (names and ac	ldresses)		Ch	neck the box to indicate	e an attachment
President Name Frances Gallo			Vice-President Name Sandra Reddy		
Street Address 13 Maywood Drive			Street Address 46 Cliffside Drive		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02920
Secretary Name Elizabeth Santilli			Treasurer Name Mark Brunero		
Street Address 192 Lippitt Avenue			Street Address 49 Division Road		
^{City} Cranston	State RI	^{Zip} 02921	City West Warwick	State RI	Zip 02893
3. List ALL directors (names and a	ddresses). RI Cor	porations MUST	list at least THREE directors.	Chack the hey to indicate	
Director Name Frances Gallo			Director Name Sandra Reddy		
Street Address 13 Maywood Drive			Street Address 46 Cliffside Drive		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02920
irector Name Elizabeth Santilli			Director Name Mark Brunero		
Street Address 192 Lippitt Avenue			Street Address 49 Division Road		
^{ity} Cranston	State RI	^{Zip} 02921	City West Warwick	State RI	Zip 02893
. Registered Agent in Rhode Island	d. This information i	s currently of recor	d in the Department of State. Chang	es require filing Form 64	<u></u>
nder penalty of perjury, I declard tatements, and that all statemen	e and affirm that	I have examine	d this report, including any se	companying schedu	les and
us report must be signed by either the President	dent, Vice-President, S	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Repre	esentative, Receiver or Trust	ee.
ame of Officer/Authorized Represerances Gallo	entative			Date	9-2017
gnature of Officer/Authorized Repr	esentative	SIAN 7000	WENT HAPE FILED		. 24.7

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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ATTACHMENT

To

845 HOUSING CORPORATION ENTITY ID NUMBER: 26790

2017 ANNUAL REPORT

Additional Directors under Section 8:

Name	Address

Joseph Lancelotta 91 Quaker Lane, West Warwick, RI 020893 Marianna Marsocci 42 Pontiac Street, Warwick, RI 02886 James Prata 1047 Main Ave., Warwick, RI 02886

Elizabeth Brunero 825 Wakefield Street, #308, West Warwick, RI 02893