RI SOS Filing Number: 201746830450 Date: 6/29/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2017		
Non-Profit Corporation			
→ Filing period: June 1 June 20			

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→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

4. Estitu ID Number	10 5	Alba Osansastia	_			
1. Entity ID Number	2. Exact name of the Corporation					
000074962	University Heights Housing Corporation					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Development and preservation of affordable housing for low income persons and families					
4. NAICS Code						
624229 - Other Community Hou						
6. Principal Office Address	•		City	State	Zip	
44 Washington Street			Providence	RI	02903	
7. List ALL officers (names and add	dresses)		C	heck the box to indicate	an attachment	
President Name Chair: Nicolas Retsinas			Vice-President Name Vice Chair: Michael DiBiase			
Street Address 344 Taber Avenue			Street Address One Capito! Hill 4th Floor			
City Providence	State RI	Zip <b>02906</b>	City Providence	State RI	<sup>Zip</sup> 02908	
Secretary Name Barbara Fields		Treasurer Name Seth Magaziner				
Street Address 44 Washington St		Street Address The State House Room 102				
City Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 02903	
8. List ALL directors (names and ac	dresses). RI Cor	porations MUST	list at least THREE directors.	Check the box to indic	ate an attachment	
Director Name Scottye Lindsey		Director Name Kevin Orth				
Street Address 1511 Pontiac Avenue			Street Address 269 South Main Street Suite E			
City Providence	State RI	<sup>Zip</sup> 02910	City Providence	State RI	<sup>Zip</sup> 02903	
Director Name Stephen Mcallister II		Director Name				
Street Address 58 Viewesta Road		Street Address				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City	State	Zip	
9. 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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative			Date	Date		
Barbara G. Fields / WW W July			6/27/2017			
Signature of Officer/Authorized Representative						
			T II	2.0.0017		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 29 2017

BY CM 30727

FORM 631 - Revised: 06/2017