



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

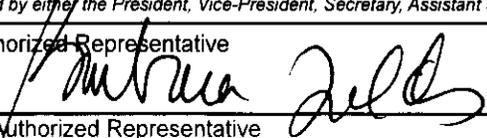
Annual Report for the year: **2017**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 JUN 29 PM 1:47

1. Entity ID Number 000074962		2. Exact name of the Corporation University Heights Housing Corporation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Development and preservation of affordable housing for low income persons and families			
4. NAICS Code 624229 - Other Community Ho.					
6. Principal Office Address 44 Washington Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chair: Nicolas Retsinas		Vice-President Name Vice Chair: Michael DiBiase			
Street Address 344 Taber Avenue		Street Address One Capitol Hill 4th Floor			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 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	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02910	City Providence	State RI	Zip 02903
Director Name Stephen Mcallister II		Director Name			
Street Address 58 Viewesta Road		Street Address			
City Warwick	State RI	Zip 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Barbara G. Fields				Date 6/27/2017	
Signature of Officer/Authorized Representative 				FILED	

JUN 29 2017

BY CA 307277

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