



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.

1. Entity ID Number 33943		2. Exact name of the Corporation MUMFORD HOUSING CORPORATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ELDERLY * HANDICAPPED HOUSING			
4. NAICS Code 624229					
6. Principal Office Address 29 FREEBORN ST.			City NEWPORT	State RI	Zip 02840
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 JANE LUDEKER			Vice-President Name VACANT		
Street Address 17 HEATH ST.			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name/TREAS. FLORENCE ARCHAMBAULT			Treasurer Name		
Street Address 29 FREEBORN ST.			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name ROBERT SABEL			Director Name MARY NEWMAN		
Street Address 222 UNION ST.			Street Address 53 FAREWELL ST.		
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840
Director Name LYNNE MAHER			Director Name BARBARA BENSON		
Street Address 501 BELLEVUE AVE.			Street Address 53 TILDEN AVE.		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative FLORENCE ARCHAMBAULT					Date 6/28/17
Signature of Officer/Authorized Representative <i>Florence Archambault</i>					

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

FILED

JUL 03 2017

BY

ATTACHMENT

MUMFORD HOUSING CORPORATION

Board of Directors

Sharon Olson

20 Indian Ave,

Portsmouth RI 02871

Jeffrey Staats

6 Admiralty Drive #3

Middletown RI 02842

Mary Beth Pike

88 Eustis Ave.

Newport RI 02840

Veronica Maher

6 Admiralty Dr. #3

Middletown RI 02842