



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

Annual Report for the year: **2017**

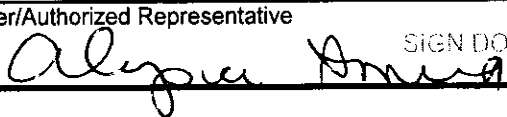
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

RECEIVED
CORPORATIONS DIVISION
2017 DEC -5 AM 11:12

1. Entity ID Number 26639		2. Exact name of the Corporation East Side Housing Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Provide affordable housing for low income elderly and disabled persons.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 83 Doyle Avenue		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alysia Smith			Vice-President Name Moshe Golden		
Street Address 14 Wild Flower Circle			Street Address 220 Rochambeau Avenue		
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02906
Secretary Name Luisa Osborne			Treasurer Name		
Street Address 28 Edgehill Road			Street Address		
City Providence	State RI	Zip 02906	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 type="checkbox"/>					
Director Name Alysia Smith			Director Name Luisa Osborne		
Street Address 14 Wild Flower Circle			Street Address 28 Edgehill Road		
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02906
Director Name Moshe Golden			Director Name Russell Raskin		
Street Address 220 Rochambeau Avenue			Street Address 116 East Manning Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Alysia Smith					Date 11/22/17
Signature of Officer/Authorized Representative 					FILED

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

DEC 05 2017
BY **319102**
A.A.

FORM 631 - Revised: 08/2017