



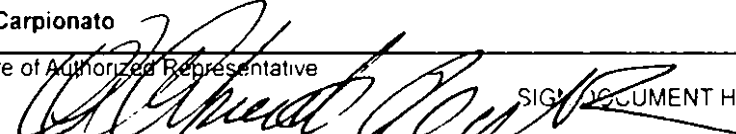

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 112099		2. Exact name of the Corporation Housing Ventures, Inc.			
3. Principal Office Address 1414 Atwood Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alfred Carpiionato			Vice-President Name Alfred Carpiionato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES C. ASSESSMENTS PAR VALUE		
			100 Common No Par Value		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Alfred Carpiionato					Date 2/28/18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					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

MAR 01 2018
BY 10540 FORM 630 - Revised: 10/2017