



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000141165

**2. Name of Corporation** New Horizons Affordable Housing, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 10 FRANKLIN STREET

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO FINANCE, DEVELOP, PACKAGE, INSURE, MANAGE, REGULATE, CONTROL, ACQUIRE, AND OWN VARIOUS TYPES OF HOUSING DESIGNED TO PROVIDE SAFE, SANITARY AND SUITABLE LIVING ACCOMODATIONS OF ANY TYPE TO ALL PERSONS OF LOW AND MODERATE INCOME WITHIN RI

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL ST. GERMAIN	6 LEDGEMONT DR. LINCOLN, RI 02865 USA
TREASURER	NORMAN RICARD	1 LAPORTE AVE. MANVILLE, RI 02838 USA
SECRETARY	SHILPA NAIK	1201 LONSDALE AVE. LINCOLN, RI 02865 USA
VICE PRESIDENT	WILLIAM PEPPE	118 JENCKES HILL RD. LINCOLN, RI 02865 USA
DIRECTOR	LOIS A BRYANT	155 CHURCH ST. MANVILLE, RI 02838 USA
DIRECTOR	CLAUDETTE KULIGOWSKI	12 THIBEAULT TRAIL SMITHFIELD, RI 02917 USA
DIRECTOR	JOHN MCLAUGHIN	15 MUSKET RD LINCOLN, RI 02865 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CLAUDETTE KULIGOWSKI 10 FRANKLIN STREET LINCOLN , RI 02865

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of May, 2018 at 11:31:44 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By CLAUDETTE KULIGOWSKI  
Signature of Authorized Person

Form No. 631  
Revised 09/07