

FILED

JUL 02 2018

BY

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>26790</b>		2. Exact name of the Corporation 845 Housing Corporation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To own and operate an elderly/handicap housing development <b>(230115)</b>			
5. Principal office address 845 Wakefield Street			City West Warwick	State RI	Zip 02893
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frances Gallo			Vice-President Name Sandra Reddy		
Street Address 13 Maywood Drive			Street Address 46 Cliffside Drive		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02920
Secretary Name Elizabeth Santilli			Treasurer Name Mark Brunero		
Street Address 192 Lippitt Avenue			Street Address 49 Division Road		
City Cranston	State RI	Zip 02921	City West Warwick	State RI	Zip 02893
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frances Gallo			Director Name Sandra Reddy		
Street Address 13 Maywood Drive			Street Address 46 Cliffside Drive		
City West Warwick	State RI	Zip 02893	City Cranston	State RI	Zip 02920
Director Name Elizabeth Santilli			Director Name Mark Brunero		
Street Address 192 Lippitt Avenue			Street Address 49 Division Road		
City Cranston	State RI	Zip 02921	City West Warwick	State RI	Zip 02893
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date	_____
Check No.	_____
By:	_____
FOR SECRETARY OF STATE USE ONLY	

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.

*Frances Gallo* 6-29-2018  
Signature of Officer or Authorized Representative Date

Frances Gallo

Print or Type Name of Officer or Authorized Representative