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

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STATE
SECRETARY OF STATE
CORPORATIONS DIV.

Annual Report for the year: 2018
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	2. Exact name of the Corporation
69356	**JHA Housing, Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Develop and improve real estate and operate thereon housing to serve the elderly and handicapped.**
4. NAICS Code: **624120 - Services for Elderly ar**	

6. Principal Office Address	City	State	Zip
100 Niantic Avenue	**Providence**	**RI**	**02907**

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Jeffrey Padwa**			Vice-President Name **Marisa Garber**		
Street Address **25 Margrave Avenue**			Street Address **26 Halsey Street**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Secretary Name **Mindy Stone**			Treasurer Name **Deborah Mandell**		
Street Address **151 Woodbury Street**			Street Address **47 Prince Street**		
City **Providence**	State **RI**	Zip **02906**	City **Attleboro**	State **MA**	Zip **02703**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Elaine Budish**			Director Name **Avital Chatto**		
Street Address **363 Orms Street**			Street Address **34 Hart Street**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Director Name **Douglas Emanuel**			Director Name		
Street Address **101 Mount Avenue**			Street Address		
City **Providence**	State **RI**	Zip **02906**	City	State	Zip

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.

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

Name of Officer/Authorized Representative	Date
Marisa Garber	7/16/18

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
JUL 19 2018
BY 335181

MAIL TO:
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