



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>93614</b>		2. Exact name of the Corporation <b>JENKS MILL HOUSING CORP.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Exclusively for charitable and/or education purpose.</b>			
5. Principal office address <b>1029 Mendon Rd</b>		City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Joseph Lamagna</b>			Vice-President Name <b>Richard Hilton</b>		
Street Address <b>1029 Mendon Rd</b>			Street Address <b>1029 Mendon Rd</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Lisa Audette</b>			Director Name <b>John MacQueen</b>		
Street Address <b>1029 Mendon Rd</b>			Street Address <b>1029 Mendon Rd</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>Edward Mulholland</b>			Director Name		
Street Address <b>1029 Mendon Rd</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
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: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

**FILED**  
 SEP 28 2018  
 5744

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.

*John MacQueen Jr*      9-25-18  
 Signature of Officer or Authorized Representative      Date  
 John MacQueen Jr  
 Print or Type Name of Officer or Authorized Representative