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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. 308667	2. Exact name of the Corporation MANVILLE HILL HOUSING CORP. (23615)				
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island. To provide elderly or disabled person with housing facilities and services specially				
RI	designed	to meet their phys	ical, social and phychro	logical needs.	
5. Principal office address 1029 Mendon Rd			City Cumberland	State RI	<sup>Zip</sup> 02864
6. LIST ALL OFFICERS (N	AMES AND ADDRE	SSES) ("X" BOX FOR	ATTACHMENT)	<del></del>	
President Name			Vice-President Name		
John MacQueen			Edward Mulholland		
Street Address			Street Address		
1029 Mendon Rd			1029 Mendon Rd		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
Secretary Name			Treasurer Name		
John Gordon			Joseph Lamagna		
Street Address			Street Address 1029 Mendon Rd		
1029 Mendon Rd	le	le:	City	State	Zìp
City  Cumberland	State RI	Zip   <b>02864</b>	Cumberland	RI	02864
	NAMES AND ADDR	1	ND CORPORATIONS MUST L	IST NO LESS THAN	THREE (3) DIRECTORS
Director Name			Director Name		<u>-</u>
Joanne Buttle			John MacQueen		
Street Address			Street Address		
1029 Mendon Rd			1029 Mendon Rd		·
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip <b>02864</b>
Director Name		. <u>.                                   </u>	Offector Name	•	
Richard Hilton					
Street Address			Street Address		
1029 Mendon Rd					
City	State	Zip	City	State	Zip
Cumberland	RI 02864				
8. REGISTERED AGENT IN		·			
		<del></del>	of State. Changes require fill		
This report must be signed b or Trustee	y either the Preside	FILED	otary, Assistant Secretary, Treaso	urer, duly Authorized	Representative, Receiver
File Date		SEP 2 8 2018	Under penalty of perjur this report, including ar and that all statements	ny accompanying s	chedules and statement
Check No	<del>8</del> 1.	2942	-Lamb-	<i>I</i>	9-25-18
By:	<del></del>		Signature of Officer or A	Representa	tive Date
FOR SECRETARY OF STATE USE ONLY			Tohn Mac Queen		
Form No. 631 Revised: 04/2014			Print or Type Name of Of	ficer or Authorized R	apresentative