



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 **2019**

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. 001679745		2. Exact name of the Corporation Green & Healthy Homes Initiative, Inc.			
3. State of Incorporation Maryland (813311)		4. Brief description of the character of business conducted in Rhode Island Reducing lead and creating healthy homes.			
5. Principal office address 2714 Hudson Street		City Baltimore	State MD	Zip 21224	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ruth Ann Norton		Vice-President Name Clotilde Peres-Bode Debecker			
Street Address 125 W. Lee Street		Street Address 726 Exchange Street, Suite 525			
City Baltimore	State MD	Zip 21201	City Buffalo	State NY	Zip 14210
Secretary Name Inez Robb		Treasurer Name Frances Gonzalez			
Street Address 918 N. Fulton Avenue, Unit C		Street Address 6907 Oakridge Drive			
City Baltimore	State MD	Zip 21217	City San Antonio	State TX	Zip 78229
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 Mandy Mahoney		Director Name Beth Blauer			
Street Address 50 Hurt Plaza, Suite 1250		Street Address Bowman Drive			
City Atlanta	State GA	Zip 30303	City Baltimore	State MD	Zip 21218
Director Name None		Director Name None			
Street Address None		Street Address None			
City None	State None	Zip None	City None	State None	Zip None
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

FILED
 APR 16 2019
 21645

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.

3/27/19
 Signature of Officer or Authorized Representative Date

Jasmin Okeke

Print or Type Name of Officer or Authorized Representative