



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

Annual Report for the year: 2019  
 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 154612		2. Exact name of the Corporation Little Compton Housing Trust, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Affordable Housing in Little Compton			
4. NAICS Code 624229					
6. Principal Office Address 40 Commons, PO Box 226			City Little Compton	State RI	Zip 02837
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Patrick Bowen			Vice-President Name Matthew Ladd		
Street Address 225 Long Highway			Street Address 6 Moorings Way		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Robert Rottmann			Treasurer Name Joan Shamsioian		
Street Address 42 Francis Lane			Street Address 52 Francis Lane		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Andrew Moore			Director Name Isabel Mattia		
Street Address 696M West Main Rd			Street Address 48 Burchard Ave.		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name Michael Hudner			Director Name		
Street Address 301 West Main St			Street Address		
City Little Compton	State RI	Zip 02837	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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>ROBERT ROTTMANN (SECRETARY)</b>					Date <b>5/13/2019</b>
Signature of Officer/Authorized Representative <i>Robert Rottmann</i>					SIGNATURE DOCUMENT HERE

**FILED**

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**MAY 28 2019** *KM*

**BY** 2010872