



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.

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1. Entity ID Number <u>275769</u>		2. Exact name of the Corporation <u>Thomas Wilbur Homestead, Inc.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Community Development Corporation that provides affordable housing, shelters, and services to the homeless population.</u>			
4. NAICS Code <u>812990</u>					
6. Principal Office Address <u>3188 Post Road</u>			City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Deborah Imondi</u>			Vice-President Name <u>Michael T. Maynard</u>		
Street Address <u>20 Poppy Hill Drive</u>			Street Address <u>95 Hilltop Drive</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02818</u>
Secretary Name <u>Anita Sowers</u>			Treasurer Name <u>Brian C. Jones</u>		
Street Address <u>9 Rustic Way</u>			Street Address <u>20 Bateman Avenue</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Laura Jaworski Razza</u>			Director Name <u>William Stein</u>		
Street Address <u>51 Bishop Avenue</u>			Street Address <u>83 Vincent Avenue</u>		
City <u>Rumford</u>	State <u>RI</u>	Zip <u>02916</u>	City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>
Director Name <u>Lisa Kilduff</u>			Director Name		
Street Address <u>660 Fletcher Road</u>			Street Address		
City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	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 <u>Laura Jaworski Razza</u>				Date <u>6/12/19</u>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	