



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

FILED

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.

JUN 21 2019

BY 1089 DS

1. Entity ID Number <u>000036302</u>		2. Exact name of the Corporation <u>FEDERATION OF RI MOBILE HOME TENANTS ASSOCI</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>PROMOTE LOW & MODERATE INCOME HOUSING INFORM HOME OWNERS OF THEIR RIGHTS & RESPONSIBILITIES</u>			
4. NAICS Code <u>236115</u>					
6. Principal Office Address <u>45 MAPLEWOOD DR.</u>			City <u>MAPLEVILLE</u>	State <u>RI</u>	Zip <u>02839</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>ROUTH SLINNEY</u>			Vice-President Name <u>DAWN DINEY</u>		
Street Address <u>45 MAPLEWOOD DR.</u>			Street Address <u>9 SCOTTY DR</u>		
City <u>MAPLEVILLE</u>	State <u>RI</u>	Zip <u>02839</u>	City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02871</u>
Secretary Name <u>EVE ROBINSON</u>			Treasurer Name <u>SCOTT BRUNNER</u>		
Street Address <u>45 MAPLEWOOD DR.</u>			Street Address <u>9 SCOTTY DR</u>		
City <u>MAPLEVILLE</u>	State <u>RI</u>	Zip <u>02839</u>	City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02839</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>ROUTH SLINNEY</u>			Director Name <u>DAWN DINEY</u>		
Street Address <u>45 MAPLEWOOD DR</u>			Street Address <u>9 SCOTTY DR.</u>		
City <u>MAPLEVILLE</u>	State <u>RI</u>	Zip <u>02839</u>	City <u>PORTSMOUTH</u>	State <u>RI</u>	Zip <u>02839</u>
Director Name <u>EVE ROBINSON</u>			Director Name		
Street Address <u>45 MAPLEWOOD DR.</u>			Street Address		
City <u>MAPLEVILLE</u>	State <u>RI</u>	Zip <u>02839</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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <u>Routh Slinney President</u>					Date <u>6/18/19</u>
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE