



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 24 PM 2:06

1. Entity ID Number 000053812		2. Exact name of the Corporation RIH Equity Corporation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Development and preservation of affordable housing for low income persons and families.	
4. NAICS Code 624229 - Other Community I			
6. Principal Office Address 44 Washington Street		City Providence	State RI Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Chair: Nicolas Retsinas		Vice-President Name Vice Chair: Michael DiBiase	
Street Address 344 Taber Avenue		Street Address DOA, One Capitol Hill 4th floor	
City Providence	State RI	City Providence	State RI Zip 02908
Secretary Name Carol Ventura		Treasurer Name Seth Magaziner	
Street Address RIHousing, 44 Washington Street		Street Address The State House, 82 Smith Street, Room 102	
City Providence	State RI	City Providence	State RI Zip 02903
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 Elizabeth Tanner		Director Name Kevin Orth	
Street Address DBR, 1511 Pontiac Avenue		Street Address Atlantic Amer. Partners, 269 S Main St. Ste E	
City Cranston	State RI	City Providence	State RI Zip 02903
Director Name Stephen McAllister II		Director Name Maria F. Barry	
Street Address 58 Viewesta Road		Street Address BOA, 100 Westminster Street	
City Warwick	State RI	City Providence	State RI Zip 02903
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.			
<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 Carol Ventura		Date 6/21/19	
Signature of Officer/Authorized Representative 		SIGN DOCUMENT HERE 	

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

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