



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2019 JUN 24 PM 2:06

1. Entity ID Number 000074962		2. Exact name of the Corporation University Heights Housing 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	Zip 02906	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	Zip 02903	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	Zip 02910	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	Zip 02886	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.					
<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 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

JUN 24 2019

By Ch SB626

FORM 631 - Revised: 03/2019