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

FILED
JUN 24 2019

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.

v 12.76

1. Entity ID Number	2. Exact name of the Corporation
000769	Block Island Economic Development Foundation Housing Corporation
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Providing affordable housing to the Block Island Community.
4. NAICS Code	
813219	

6. Principal Office Address

Street Address	City	State	Zip
West Side Road	Block Island	RI	02807

7. List ALL officers (names and addresses)

Check the box to indicate an attachment ☐

President Name: Gerard Pierce	Vice-President Name: Monica Hall-Shea		
Street Address: West Side Road	Street Address: Hull Lane		
City: Block Island State: RI Zip: 02807	City: Block Island State: RI Zip: 02807		
Secretary Name: Rebecca Brown	Treasurer Name: Christine Cook		
Street Address: Water Street	Street Address: Corn Neck Road		
City: Block Island State: RI Zip: 02807	City: Block Island State: RI Zip: 02807		

8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: Roberta Mc Cormack	Director Name: Linda Spak		
Street Address: Old Center Road	Street Address: Mitchell Lane		
City: Block Island State: RI Zip: 02807	City: Block Island State: RI Zip: 02807		
Director Name: Jennifer Lee Taubman	Director Name: Amedeo Molinari		
Street Address: Corn Neck Road	Street Address: West Side Road		
City: Block Island State: RI Zip: 02807	City: Block Island State: RI Zip: 02807		

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: GERARD J. PIERCE - PRESIDENT

Date: 6/18/2019

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

MAIL TO: