




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.

FILED
 STATE OF RHODE ISLAND
 JUN 28 2019
 BY 2901 OS

1. Entity ID Number 155086		2. Exact name of the Corporation Pawtuxet Valley Elderly Housing Corporation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To build, own, purchase, operate and rent low/moderate income housing			
4. NAICS Code 624229 - Other Community Hc					
6. Principal Office Address 9 Mark Fore Drive			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Non -Elected			Vice-President Name Emilio DiCarlo		
Street Address			Street Address 19 Lancer Lane		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	West Warwick	RI	02893
Secretary Name David E. Perry			Treasurer Name Felix Appolonia		
Street Address 20 Kenyon Street			Street Address 26 Tobin Street		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	West Warwick	RI	02893
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 David E. Perry			Director Name Felix Appolonia		
Street Address 20 Kenyon Street			Street Address 26 Tobin Street		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	West Warwick	RI	02893
Director Name Emilio DiCarlo			Director Name		
Street Address 19 Lancer Lane			Street Address		
City	State	Zip	City	State	Zip
West Warwick	RI	02893			
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 James A. O'Leary Attorney for Corporation				Date 6/26/19 6/26/2019	
Signature of Officer/Authorized Representative 					

MAIL TO:
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