



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

JUL 01 2019

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 82835		2. Exact name of the Corporation THE WEST HOUSE CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To provide elderly or disable persons with housing facilities			
4. NAICS Code 624229 - Other Community I					
6. Principal Office Address 50 WASHINGTON SQUARE			City NEWPORT	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT M. SABEL			Vice-President Name PAUL MURPHY		
Street Address 50 WASHINGTON SQUARE			Street Address 423 UNION STREET		
City NEWPORT	State RI	Zip 02840	City PORTSMOUTH	State RI	Zip 02871
Secretary Name MARJORIE E. JENSEN			Treasurer Name MARJORIE E. JENSEN		
Street Address 1724 CRANDALL ROAD			Street Address 50 WASHINGTON SQUARE		
City TIVERTON	State RI	Zip 02878	City NEWPORT	State RI	Zip 02840
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 SUSAN BODINGTON			Director Name ELIZABETH PHELPS		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name ROBERT M. SABEL			Director Name PAUL MURPHY		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 ROBERT M. SABEL				Date 6/20/2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	