



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

FILED

JUL 01 2019

Handwritten initials

2321

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.

1. Entity ID Number 506696	2. Exact name of the Corporation SANDYWOODS HOMES, INC.
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3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island Church Community Housing Corporation
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4. NAICS Code 624229 - Other Community H
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6. Principal Office Address 50 WASHINGTON SQUARE	City NEWPORT	State RI	Zip 02840
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name MARJORIE E. JENSEN	Vice-President Name PAUL MURPHY
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Street Address 1724 CRANDALL ROAD	Street Address 423 UNION STREET
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City TIVERTON	State RI	Zip 02878	City PORTSMOUTH	State RI	Zip 02871
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Secretary Name ROBERT M. SABEL	Treasurer Name ROBERT M. SABEL
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Street Address 50 WASHINGTON SQUARE	Street Address 50 WASHINGTON SQUARE
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City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name SUSAN BODINGTON	Director Name ELIZABETH PHELPS
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Street Address 50 WASHINGTON SQUARE	Street Address 50 WASHINGTON SQUARE
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City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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Director Name PATRICIA SARGENT	Director Name MARJORIE E. JENSEN
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Street Address 50 WASHINGTON SQUARE	Street Address 50 WASHINGTON SQUARE
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City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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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 ROBERT M. SABEL	Date 6/20/2019
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Signature of Officer/Authorized Representative <i>Robert M. Sabel</i>	SIGN DOCUMENT HERE <i>MRS.</i>
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