



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

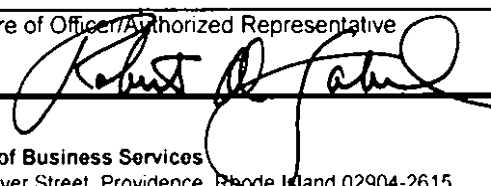
**Annual Report for the year:** 2019  
**Non-Profit Corporation**

- 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

2220

1. Entity ID Number <b>72024</b>		2. Exact name of the Corporation <b>ANTHONY HOUSE HOUSING CORPORATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>Providing lower income elderly &amp; handicapped person with affordable housing</b>			
4. NAICS Code <b>624229 - Other Community I</b>					
6. Principal Office Address <b>50 WASHINGTON SQUARE</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ROBERT M. SABEL</b>			Vice-President Name <b>PAUL MURPHY</b>		
Street Address <b>50 WASHINGTON SQUARE</b>			Street Address <b>50 WASHINGTON SQUARE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>MARJORIE E. JENSEN</b>			Treasurer Name <b>MARJORIE E. JENSEN</b>		
Street Address <b>50 WASHINGTON SQUARE</b>			Street Address <b>50 WASHINGTON SQUARE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ELIZABETH PHELPS</b>			Director Name <b>SUSAN BODINGTON</b>		
Street Address <b>50 WASHINGTON SQUARE</b>			Street Address <b>50 WASHINGTON SQUARE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>ROBERT M. SABEL</b>			Director Name <b>PAUL MURPHY</b>		
Street Address <b>50 WASHINGTON SQUARE</b>			Street Address <b>50 WASHINGTON SQUARE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
9. Registered Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>ROBERT M. SABEL</b>				Date <b>6/20/2019</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	