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

FILED
JUL 01 2019
BY 814

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	2. Exact name of the Corporation
58867	**PEMBRTON PLACE HOUSING CORPORATION**
3. State of Incorporation: **RHODE ISLAND**	5. Brief description of the character of business conducted in Rhode Island: **Providing affordable housing for low to moderate income families**
4. NAICS Code: **624229 - Other Community I**	

6 Principal Office Address	City	State	Zip
50 WASHINGTON SQUARE	**NEWPORT**	**RI**	**02840**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **ED GROMADA**			Vice-President Name **ROBERT M. SABEL**		
Street Address **50 WASHINGTON SQUARE**			Street Address **50 WASHINGTON SQUARE**		
City **NEWPORT**	State **RI**	Zip **02840**	City **NEWPORT**	State **RI**	Zip **02840**
Secretary Name **VALERIE MOLLOY**			Treasurer Name **VALERIE MOLLOY**		
Street Address **70 COLOMBIA AVENUE**			Street Address **70 COLOMBIA AVENUE**		
City **JAMESTOWN**	State **RI**	Zip **02835**	City **JAMESTOWN**	State **RI**	Zip **02835**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **STEPHEN P. OSTIGUY**			Director 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**
Director Name **CARROLL PRUELL**			Director Name **ROBERT M. SABEL**		
Street Address **125 CONANICUS AVENUE**			Street Address **50 WASHINGTON SQUARE**		
City **JAMESTOWN**	State **RI**	Zip **02835**	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.

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	Date
STEPHEN P. OSTIGUY	**6/20/2019**

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019