



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 001673051

**2. Name of Corporation** SouthCoast Fair Housing, Inc.

**3. State of Incorporation**

State: MA

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813319

**4. Corporate Address in Rhode Island**

No. and Street: 1005 MAIN STREET

SUITE 1210

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 257 UNION STREET

City or Town: NEW BEDFORD

State: MA

Zip: 02740

Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROMOTE FAIR HOUSING PRACTICES ELIMINATE PREJUDICE AND  
DISCRIMINATION AND ENSURE FAIR EQUAL AND AFFORDABLE HOUSING  
OPPORTUNITIES FOR ALL AND PERMITTED UNDER THE CORPORATION ARTICLES OF  
ORGANIZATION AND SECTOPM 501C3 OF THE INTERNAL REVENUE CODE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT    | ALEXANDER KALIFE                                      | 721 COUNTY STREET<br>NEW BEDFORD, MA 02740 USA                    |
| TREASURER    | ALEXANDER KALIFE                                      | 721 COUNTY STREET<br>NEW BEDFORD, MA 02740 USA                    |
| CLERK        | ELIZABETH T. KALIFE                                   | 597 COUNTY STREET<br>NEW BEDFORD, MA 02740 USA                    |
| DIRECTOR     | MATTHEW SHEA                                          | 37 WINSEGANSETT AVE<br>FAIRHAVEN, MA 02719 USA                    |
| DIRECTOR     | MARIJOAN BULL                                         | 58 SALISBURY STREET<br>REHOBOTH, MA 02769 USA                     |
| DIRECTOR     | JESSICA DREW                                          | 5 CUSHING DRIVE<br>PLYMOUTH, MA 02360 USA                         |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KRISTINA DA FONSECA 1005 MAIN STREET, NUMBER 1210 PAWTUCKET , RI 02860

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 10 Day of December, 2019 at 4:06:16 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By KRISTINA DA FONSECA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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