RI SOS Filing Number: 202034337750 Date: 2/13/2020 12:07:00 PM

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

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Annual Report for the year: 2020
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
000146678	Grant/Pierce Housing, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Real Estate
4. NAICS Code: 813920 - Professional Orgar	

6. Principal Office Address	City	State	Zip
651 Orchard Street, Suite 201	New Bedford	MA	02744

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

President Name: Robbie Watkins			Vice-President Name		
Street Address: 6 White Alder Way			Street Address		
City: So. Dartmouth	State: MA	Zip: 02747	City	State	Zip
Secretary Name			Treasurer Name: Edward Rogers		
Street Address			Street Address: 52 Burns Street		
City	State	Zip	City: New Bedford	State: MA	Zip: 02740

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

Director Name: Jeanne Costa			Director Name: Sylvia Gomes		
Street Address: 599 Union Street			Street Address: 101 Moss Street		
City: New Bedford	State: MA	Zip: 02740	City: New Bedford	State: MA	Zip: 02744
Director Name: Diann Haynes			Director Name		
Street Address: 173 Park Street			Street Address		
City: New Bedford	State: MA	Zip: 02740	City	State	Zip

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
Robbie Watkins	2/11/2020

Signature of Officer/Authorized Representative: Robbie Watkins

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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: 05/2017