RI SOS Filing Number: 202040973210 Date: 5/27/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 **Non-Profit Corporation**

FILED

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 000504463	2. Exact name of the Corporation Rhode Island Manufactured Housing Association					
State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Evaluation, examination, and review of the rules and regulations promuglated relative to					
4. NAICS Code	mobile and manufactured homnes for the purpose of discussing problems related					
\$13090						
6. Principal Office Address	pal Office Address			State	Zip	
45 Nooseneck Hill Road			West Greenwich	RI	02817	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name John Assalone			Vice-President Name Lisa Fiore			
Street Address 45 Nooseneck Hill Road, Unit 4			Street Address 45 Nooseneck Hill Road, Unit 4			
City West Greenwich	State RI	^{Zip} 02817	City West Greenwich	State RI	^{Zip} 02817	
Secretary Name Lisa Fiore			Treasurer Name Carey Anania			
Street Address 170 Fiore Industrial Drive		Street Address 45 Nooseneck Hill Road				
^{City} South Kingstown	State RI	^{Zip} 02993	City West Greenwich	State RI	^{Zip} 02817	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name John Assalone			Director Name Lisa Flore			
Street Address 45 Nooseneck Hill Road			Street Address 170 Fiore Industrial Drive			
City West Greenwich	State RI	^{Zip} 02817	City South Kingstown	State RI	^{Zip} 02817	
Director Name Carey Anania			Director Name			
Street Address 45 Nooseneck Hill Road			Street Address			
City West Greenwich	State RI	^{Zip} 02817	City	State	Zip	
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			
Carey Anania				05/20/2020		
Signature of Officer/Authorized Representative SIGN DŎCUMENT 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 TO:

DEPARTMENT OF STATE

148 W. River Street, Providence, RI 02904

FROM:

WOODLAWN BAPTIST CHURCH

337 Lonsdale Avenue, Pawtucket, RI 02860

401-724-6390

ENTITY ID NUMBER:

000031865

DATE:

May 22, 2020

SUBJECT: Annual Report Filing - List of Directors

Rev. Lawrence L. Smith **Pastor** Woodlawn Baptist Church 337 Lonsdale Avenue Pawtucket, RI 02860

Mrs. Susan Almedia Church Clerk Woodlawn Baptist Church 337 Lonsdale Avenue Pawtucket, RI 02860

Mr. Keith Larson Treasurer Woodlawn Baptist Church 337 Lonsdale Avenue Pawtucket, RI 02860

FILED

MAY 27 2020