



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

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period: June 1 - June 30

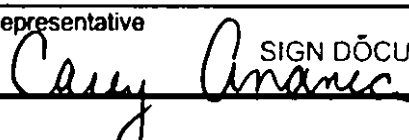
→ Filing Fee: \$20.00

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

FILED

MAY 27 2021

BY 14796

1. Entity ID Number 000504463		2. Exact name of the Corporation Rhode Island Manufactured Housing Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Evaluation, examination, and review of the rules and regulations promulgated relative to mobile and manufactured homes for the purpose of discussing problems related			
4. NAICS Code 813990					
6. Principal Office Address 45 Nooseneck Hill Road		City West Greenwich		State RI	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
Director Name John Assalone			Director Name Lisa Fiore		
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
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.					
<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 Carey Anania				Date 05/20/2020	
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

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

FILED

MAY 27 2020

BY

12796

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