



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

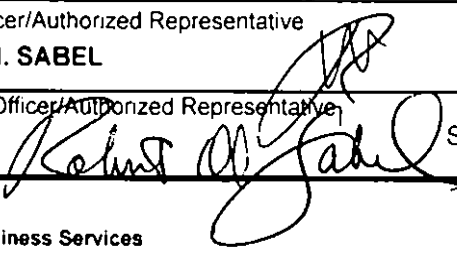
→ Filing Fee \$20.00

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

FILED

JUN 29 2020

BY 2815
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1. Entity ID Number 28930		2. Exact name of the Corporation CHURCH COMMUNITY HOUSING CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Providing lower income elderly & handicapped person with affordable housing			
4. NAICS Code 611110 - Elementary and Se					
6. Principal Office Address 50 WASHINGTON SQUARE			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name SUSAN BODINGTON			Vice-President Name ROBERT M. SABEL		
Street Address 1 TOWN WAY			Street Address 50 WASHINGTON SQUARE		
City LITTLE COMPTON	State RI	Zip 02837	City NEWPORT	State RI	Zip 02840
Secretary Name ELIZABETH PHELPS			Treasurer Name BARBARA O'REILLY		
Street Address 49 PRAIRE AVENUE			Street Address 704 JEPSON LANE		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name MARJORIE JENSEN			Director Name PAUL MURPHY		
Street Address 425 SAMPAN AVENUE			Street Address 423 UNION STREET		
City JAMESTOWN	State RI	Zip 02835	City PORTSMOUTH	State RI	Zip 02871
Director Name PATRICIA SARGENT			Director Name JENNIFER MURRAY		
Street Address 269 OLIPHANT LANE			Street Address 34 GOULD STREET		
City MIDDLETOWN	State RI	Zip 02842	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 ROBERT M. SABEL				Date 6/1/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	