RI SOS Filing Number: 202043988860 Date: 6/29/2020 4:00:00 PM

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

FILED
JUN 29 2020
BY D875

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
28930	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	City	State	Zip
50 WASHINGTON SQUARE	Newport	RI	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	Date
ROBERT M. SABEL	6/1/2020

Signature of Officer/Authorized Representative: Robert M. Sabel 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

FORM 631 - Revised: 06/2019