



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 12815  
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|  |                 |   |  |                         |                     |
|--|-----------------|---|--|-------------------------|---------------------|
| 1. Entity ID Number<br><b>28930</b>  |                 | 2. Exact name of the Corporation<br><b>CHURCH COMMUNITY HOUSING CORPORATION</b>   |  |                         |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Providing lower income elderly &amp; handicapped person with affordable housing</b> |  |                         |                     |
| 4. NAICS Code<br><b>611110 - Elementary and Se</b>   |                 |   |  |                         |                     |
| 6. Principal Office Address<br><b>50 WASHINGTON SQUARE</b>   |                 | City<br><b>Newport</b>  |  | State<br><b>RI</b>      | Zip<br><b>02840</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |  |                         |                     |
| President Name <b>SUSAN BODINGTON</b>  |                 |   | Vice-President Name <b>ROBERT M. SABEL</b> |                         |                     |
| Street Address <b>1 TOWN WAY</b>   |                 |   | Street Address <b>50 WASHINGTON SQUARE</b> |                         |                     |
| City <b>LITTLE COMPTON</b>   | State <b>RI</b> | Zip <b>02837</b>  | City <b>NEWPORT</b>                        | State <b>RI</b>         | Zip <b>02840</b>    |
| Secretary Name <b>ELIZABETH PHELPS</b>   |                 |   | Treasurer Name <b>BARBARA O'REILLY</b>     |                         |                     |
| Street Address <b>49 PRAIRE AVENUE</b>   |                 |   | Street Address <b>704 JEPSON LANE</b>      |                         |                     |
| City <b>NEWPORT</b>  | State <b>RI</b> | Zip <b>02840</b>  | City <b>MIDDLETOWN</b>                     | State <b>RI</b>         | Zip <b>02842</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |  |                         |                     |
| Director Name <b>MARJORIE JENSEN</b>   |                 |   | Director Name <b>PAUL MURPHY</b>           |                         |                     |
| Street Address <b>425 SAMPAN AVENUE</b>  |                 |   | Street Address <b>423 UNION STREET</b>     |                         |                     |
| City <b>JAMESTOWN</b>  | State <b>RI</b> | Zip <b>02835</b>  | City <b>PORTSMOUTH</b>                     | State <b>RI</b>         | Zip <b>02871</b>    |
| Director Name <b>PATRICIA SARGENT</b>  |                 |   | Director Name <b>JENNIFER MURRAY</b>       |                         |                     |
| Street Address <b>269 OLIPHANT LANE</b>  |                 |   | Street Address <b>34 GOULD STREET</b>      |                         |                     |
| City <b>MIDDLETOWN</b>   | State <b>RI</b> | Zip <b>02842</b>  | City <b>NEWPORT</b>                        | State <b>RI</b>         | Zip <b>02840</b>    |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641   |                 |   |  |                         |                     |
| <b>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.</b>        |                 |   |  |                         |                     |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>                                  |                 |   |  |                         |                     |
| Name of Officer/Authorized Representative<br><b>ROBERT M. SABEL</b>  |                 |   |  | Date<br><b>6/1/2020</b> |                     |
| Signature of Officer/Authorized Representative<br>  |                 |   |  | SIGN DOCUMENT HERE      |                     |

MAIL TO:  
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