



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. *128769*		2. Name of Corporation Freedom Housing Corporation	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 50 Washington Square	
5. Foreign corporation: Enter principal office address		City	Zip
		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To provide disabled or elderly persons with housing facilities and services especially designed to meet their physical, social and psychological needs			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name J. Clement Cicilline		Vice President Name Charlotte M. Edwards	
Street Address 50 Washington Square		Street Address 50 Washington Square	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Secretary Name John D. Moynihan		Treasurer Name Robert M. Sabel	
Street Address 50 Washington Square		Street Address 50 Washington Square	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name John Booth		Director Name Patricia Sargent	
Street Address 50 Washington Square		Street Address 50 Washington Square	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Director Name Patricia Gunn		Director Name John D. Moynihan	
Street Address 50 Washington Square		Street Address 50 Washington Square	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name Stephen P. Ostiguy		Address 50 Washington Square	
Address		City Newport	Zip 02840

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 6-22-05  
Check No 3622  
By [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Charlotte M. Edwards 5/31/0  
Signature of Officer Date  
Charlotte M. Edwards  
Print or Type Name of Officer  
Vice-President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 128769 2. Name of Corporation Freedom Housing Corporation  
3. State of Incorporation RHODE ISLAND 4. Corporate address in Rhode Island - Street Address 50 Washington Square Newport, RI 02840  
5. Foreign corporation: Enter principal office address

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

TO PROVIDE DISABLED OR ELDERLY PERSONS WITH HOUSING FACILITIES AND SERVICES ESPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name J. "Bud" Clement Cicilline Street Address 127 Johnnycake Road City Middletown State RI Zip 02842 Secretary Name John D. Moynihan Street Address 61 Almy Street City Newport State RI Zip 02840	Vice President Name Charlotte Edwards Street Address 28 West Main Road City Middletown State RI Zip 02842 Treasurer Name Robert M. Sabel Street Address 50 Washington Square City Newport State RI Zip 02840
--	---

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS  
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name John Booth Street Address 220 Goddard Row City Newport State RI Zip 02840 Director Name Patricia Sargent Street Address 269 Oliphant Lane City Middletown State RI Zip 02842	Director Name Patricia Gunn Street Address 22 Chapel Terrace City Newport State RI Zip 02840
---	--

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 2 8 7 6 9

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.

Charlotte M. Edwards  
Signature of Officer Date  
Charlotte Edwards  
Print or Type Name of Officer  
Vice-President  
Title of Officer

\*128769 DNP 08/12/04 11:34:08 AM\*

File Date 8-23-04

Check No. 3016

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 6/02



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. *128769*		2. Name of Corporation Freedom Housing Corporation			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address		City	Zip
5. Foreign corporation: Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROVIDE DISABLED OR ELDERLY PERSONS WITH HOUSING FACILITIES AND SERVICES ESPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. Clement Cicilline		Vice President Name Stephen P. Ostiguy			
Street Address 50 Washington Square		Street Address 50 Washington Square			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Patricia Sargent		Treasurer Name Susan Burton			
Street Address 50 Washington Square		Street Address 50 Washington Square			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name John Booth		Director Name Charlotte M. Edwards			
Street Address 50 Washington Square		Street Address 50 Washington Square			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Patricia Gunn		Director Name John D. Moynihan			
Street Address 50 Washington Square		Street Address 50 Washington Square			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name STEPHEN P. OSTIGUY		Address 50 WASHINGTON SQUARE			
Address		City NEWPORT		Zip 02840-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 8 7 6 9 \*

*128769 DNP6/26/029:44:18 AM*
File Date <u>6-27-03</u>
Check No. <u>2332</u>
By: <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY

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.

<u>[Signature]</u> Signature of Officer	<u>6/25/03</u> Date
Stephen P. Ostiguy	
Print or Type Name of Officer	
Vice-President	
Title of Officer	