RI SOS Filing Number: 202047144550 Date: 7/30/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee $50.00
→ Penalty. Additional $25 00 fee if form is not filed by April 1.

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BUS SVCS DIV
2020 JUL 30 PM 2:56

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation		
001336247	PASCOAG VILLAGE PARTNERS, INC.		
3. Principal Office Address: 719 FRONT STREET	City: WOONSOCKET	State: RI	Zip: 02895
4. NAICS Code: 531390	6. Brief description of the character of business conducted in Rhode Island: BUILDS AND OPERATES AFFORDABLE HOUSING OPTIONS TARGETED TO SERVE LOW-TO-MODERATE INCOME INDIVIDUALS AND FAMILIES, INCLUDING BUT NOT LIMITED TO SINGLE-FAMILY, MULTI-FAMILY, MIXED-USE AND COMMERCIAL DEVELOPMENTS.		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: NANCY GIAMBUSSO			Vice-President Name: JOSEPH F. GARLICK, JR.		
Street Address: 31 CHERRY HILL AVENUE			Street Address: 719 FRONT STREET		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895
Secretary Name: EMMA DANDY			Treasurer Name: WANDA TURGEON		
Street Address: 43 SNOW STREET			Street Address: 53 SOUTH STREET, # 1		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8000	STK	$0.0100

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative: JOSEPH F. GARLICK, JR., VICE-PRESIDENT

Date: 7/30/20

Signature of Authorized Representative: X [signature]

SIGN DOCUMENT HERE **FILED** ✓

JUL 30 2020

BY CR RADAR 2:56

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 630 - Revised: 10/2017