



Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

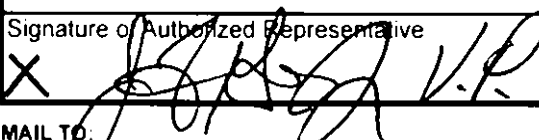
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

STAMP

FOR
SECRETARY OF STATE
USE ONLY

2020 JUL 30 PM 2:56

1. Entity ID Number 000125598		2. Exact name of the Corporation COMMUNITY DREAMWORKS, INC.												
3. Principal Office Address 719 FRONT STREET, SUITE 103			City WOONSOCKET	State RI	Zip 02895									
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island ACQUIRES/BUILDS AND OPERATES AFFORDABLE HOUSING OPTIONS FOR RHODE ISLAND RESIDENTS USING TAX AND HISTORIC CREDIT AND GRANT FUNDING MECHANISMS.												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name NANCY GIAMBUSSO			Vice-President Name JOSEPH FRANCIS GARLICK JR											
Street Address 31 CHERRY HILL AVENUE			Street Address 719 FRONT STREET, SUITE 103											
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895									
Secretary Name NANCY PARADEE			Treasurer Name WANDA TURGEON											
Street Address 307 HARRIET LANE			Street Address 53 SOUTH ST, #1											
City CUMBERLAND	State RI	Zip 02864	City WOONSOCKET	State RI	Zip 02895									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>8,000.00</td> <td>CWP</td> <td>\$1.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8,000.00	CWP	\$1.0000			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
8,000.00	CWP	\$1.0000												
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					Date 7/30/20									
Signature of Authorized Representative 														

SIGN DOCUMENT HERE

FILED

JUL 30 2020

BY MR RQ DAR
2:56