



RI SOS Filing Number: 202047149690 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 000160104		2. Exact name of the Corporation HARRISVILLE VILLAGE PARTNERS, 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 RI 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 RICHARD E. KYTE, JR			Vice-President Name JOSEPH F. GARLICK, JR		
Street Address 565 CENTRAL STREET			Street Address 719 FRONT STREET, SUITE 103		
City MAPLEVILLE	State RI	Zip 02839	City WOONSOCKET	State RI	Zip 02895
Secretary Name EMMA DANDY			Treasurer Name NONE		
Street Address 43 SNOW STREET			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
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.		NUMBER OF SHARES		C. ASS/SRIFS	
		8,000.00		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				Date 7/30/20	
Signature of Authorized Representative X <i>Joseph F. Garlick, Jr</i>				SIGN DOCUMENT HERE FILED JUL 30 2020 BY Mr RODAR 2:52	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov