	State of Brown Institution Delivers and 1879-1879-1880
	State - Business Services Department of State - Business Services Department

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

Date: 8/25/2020 4:00:00 PM

ervices Division

Annual Report for the year:								
Non-Profit Compration								

2020

R.I. DEPT. OF STATE
BUS SYCS DIV

AUG 25 2020 -> Filing period: June 1 - June 30 -> Filing Fee: \$20.00

2028 AUG 25 PH 12: 24

			DYN JOH					
1. Entity ID Number 505043	2. Exact name of the Corporation George Galen Wheeler House Inc							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
Ri	Community development corporation that provides affordable housing, shelters and							
4. NAICS Code	,							
611310 - Colleges, Universit								
6. Principal Office Address	<u> </u>		City	State	Zip			
3188 Post Rd			Warwick	RI	02886			
7. List ALL officers (names and add	tresses)	······		Check the box to indica	ite an attachment			
President Name Deborah Imondi	<u> </u>		Vice-President Name Michael T. Maynard					
Street Address 20 Poppy Hill Dr			Street Address 95 Hilltop Dr					
City Johnston	State RI	^{Zip} 02919	City Warwick	State RI	^{Z:p} 02818			
Secretary Name Anita Sowers		<u> </u>	Treasurer Name Joshua Gorra					
Street Address 9 Rustic Way		- -	Street Address 34 Mystery Farm Lane					
City Hope	State RI	^{Zip} 02831	City Cranston	State RJ	^{Zip} 02921			
8. List ALL directors (names and ac	ldresses). RI Con	porations MUST lis		Check the box to indicate	te an attachment			
Director Name Laura Jaworkski F			Director Name William Stein					
Street Address 51 Bishop Ave			Street Address 83 Vincent Ave					
City Rumford	State RI	^{Zip} 02916	City N Providence	State RJ	Zip 02904			
Director Name Lisa Kilduff		•	Director Name					
Street Address 660 Fletcher Rd			Street Address					
City N kingstown	State RI	^{Zip} 02852	City	State	Zip			
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.								
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that its contained he	l have examined	this report, including any acco	ompanying schedul	es and			
This report must be signed by either the Pres	ident, Vice-President, S			entative, Receiver or Truste	e.			
Name of Officer/Authorized Representative								
Jaura Jai	WOYSE A	2725	. ,	06/18/2020				
Signature of Officer/Authorized Representative Sign DOCUMENT HERE								
- (- Mu)		7						
IAIL TO:	/ (0)					

MAL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Estand 02904-2615

Photas: (401) 222-3040 Website: www.sos.rt.gov