

FILED

DEC 28 2020

BY



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

1. Entity ID Number 001702166		2. Exact name of the Corporation HIS & HER HOUSE	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide resources for healthy life styles. Job, mental, physical, spiritual health.	
4. NAICS Code 624190			
6. Principal Office Address 942 Warwick Ave		City Warwick	State RI
		Zip 02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tamara Montgomery		Vice-President Name Jasiah Vezele	
Street Address 942 Warwick Ave		Street Address 44 Gallup St.	
City Warwick	State RI	City Providence	State RI
Zip 02888		Zip 02904	
Secretary Name Stacey Marlow		Treasurer Name Ingrid Harper	
Street Address 61 Violet St.		Street Address 128 Commodore St.	
City Mattapan	State MA	City Providence	State RI
Zip 02126		Zip 02904	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Tamara Montgomery		Director Name Ingrid Harper	
Street Address 942 Warwick Ave		Street Address 128 Commodore St.	
City Warwick	State RI	City Providence	State RI
Zip 02888		Zip 02904	
Director Name Jasiah Vezele		Director Name Stacey Marlow	
Street Address 44 Gallup St.		Street Address 61 Violet St.	
City Providence	State RI	City Mattapan	State MA
Zip 02904		Zip 02126	
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 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Tamara L. Montgomery		Date 12/21/2020	
Signature of Officer/Authorized Representative Tamara Montgomery		SIGN DOCUMENT HERE	

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 631 - Revised: 06/2017