



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2013
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.

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1. Entity ID Number 485346		2. Exact name of the Corporation Newport County Affordable Housing Development Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote, support and develop affordable and mixed income rental and homeownership properties and community facilities that enhance neighborhoods and services in those affected neighborhoods.			
4. NAICS Code 624229 - Other Community H <input type="checkbox"/>					
6. Principal Office Address 120B Hillside Avenue		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Laranjo		Vice-President Name Nicole Vazquez			
Street Address 120B Hillside Avenue		Street Address 120B Hillside Avenue			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Rhonda Mitchell		Treasurer Name Stuart MacDonald			
Street Address 120B Hillside Avenue		Street Address 120B Hillside Avenue			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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 Charles Laranjo		Director Name Nicole Vazquez			
Street Address 120B Hillside Avenue		Street Address 120B Hillside Avenue			
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Rhonda Mitchell		Director Name			
Street Address 120B Hillside Avenue		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Rhonda Mitchell				Date 5/19/21	
Signature of Officer/Authorized Representative 					

FILED

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

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