



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
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.

JUN 09 2021
 BY [Signature]

1. Entity ID Number <u>80132</u>		2. Exact name of the Corporation <u>House of Compassion Inc.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To CARE FOR the homeless with disabilities IN A community setting</u>			
4. NAICS Code <u>624229</u>					
6. Principal Office Address <u>2510 Mendon Road</u>			City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>ERIC PRICE</u>			Vice-President Name		
Street Address <u>2510 Mendon Rd.</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name <u>Shirley Babcock</u>			Treasurer Name <u>Eric Price</u>		
Street Address <u>2510 Mendon Rd.</u>			Street Address <u>2510 Mendon Rd.</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
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 <u>Joseph Garcia</u>			Director Name <u>Michael Boucher</u>		
Street Address <u>2510 Mendon Rd.</u>			Street Address <u>2510 Mendon Rd.</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
Director Name <u>Robie F. Bozek</u>			Director Name		
Street Address <u>2 Terrace Ave</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Shirley Babcock, Secretary</u>					Date <u>6-4-2021</u>
Signature of Officer/Authorized Representative <u>Shirley Babcock</u>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov