



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000026790

2. Name of Corporation 845 Housing Corporation

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 845 WAKEFIELD STREET

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: PO BOX 9567

APT2

City or Town: PROVIDENCE

State: RI

Zip: 02940

Country: UNI

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROVIDE SUBSIDIZED HOUSING FOR SENIOR CITIZENS AND DISABLED.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	CAROL BRUNERO	825 WAKEFIELD ST WEST WARWICK, RI 02893 USA
DIRECTOR	THOMAS MASELLI	PO BOX 9567 PROVIDENCE, RI 02940 USA
DIRECTOR	JAY N ROSENSTEIN	PO BOX 9567 PROVIDENCE, RI 02940 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CAROL BRUNERO-HOXIE 845 WAKEFIELD STREET WEST WARWICK , RI 02893

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of June, 2021 at 1:29:04 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By PAOLA IBERN
Signature of Authorized Person

Form No. 631
Revised 09/07

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