



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

FILED
JUN 23 2021
SEAL
 FY. 1474

- 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 29237		2. Exact name of the Corporation Public Housing Association of Rhode Island (PHARI)			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The development and administration of public housing and Section 8 programs.			
4. NAICS Code 624229 - Other Community H <input type="checkbox"/>					
6. Principal Office Address 50 Birch Street		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Coupe/Julie Leddy		Vice-President Name Rhonda Mitchell/Melissa Sanzaro			
Street Address 50 Birch Street		Street Address 120 B Hillside Avenue			
City Cranston	State RI	Zip 02920	City Newport	State RI	Zip 02840
Secretary Name Donna Conway		Treasurer Name Claudette Kuligowski			
Street Address 45 Nate Whipple Highway		Street Address 10 Franklin Street			
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
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 David aRusso		Director Name Julie Leddy			
Street Address 8 Forand Circle		Street Address 14 Manchester Circle			
City Johnston	State RI	Zip 02919	City Coventry	State RI	Zip 02816
Director Name Michael S. Lyckland		Director Name			
Street Address 1035 West Shore Road		Street Address			
City Warwick	State RI	Zip 02889	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 Claudette Kuligowski				Date 6.21.21	
Signature of Officer/Authorized Representative <i>Claudette Kuligowski</i>					

MAIL TO:
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