



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: **2021**

JUL 02 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.

BY AL 132

1. Entity ID Number 000504463		2. Exact name of the Corporation Rhode Island Manufactured Housing Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Evaluation, examination, and review of the rules and regulations promulgated relative to mobile and manufactured homes for the purpose of discussing problems related			
4. NAICS Code 813990					
6. Principal Office Address 45 Nooseneck Hill Road, Unit 4		City West Greenwich		State RI	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Assalone		Vice-President Name Lisa Fiore			
Street Address 45 Nooseneck Hill Road Unit 4		Street Address 170 Fiore Industrial Drive			
City West Greenwich	State RI	Zip 02817	City South Kingstown	State RI	Zip 02993
Secretary Name Lisa Fiore		Treasurer Name Carey Anania			
Street Address 170 Fiore Industrial Drive		Street Address 45 Nooseneck Hill road, Unit 4			
City South Kingstown	State RI	Zip 02993	City West Greenwich	State RI	Zip 02817
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 John Assalone		Director Name Lisa Fiore			
Street Address 45 Nooseneck Hill Road Unit 4		Street Address 170 Fiore Industrial Drive			
City West Greenwich	State RI	Zip 02817	City South Kingstown	State RI	Zip 02993
Director Name Carey Anania		Director Name			
Street Address 45 Nooseneck Hill Road, Unit 4		Street Address			
City West Greenwich	State RI	Zip 02817	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.					
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 Carey Anania				Date 6/28/21	
Signature of Officer/Authorized Representative <u>Carey Anania</u>					

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: 08/2020