



State of Rhode Island
Department of State - Business Services Division

FILED

JUL 14 2021

BY 172

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.

1. Entity ID Number 33943		2. Exact name of the Corporation MUMFORD HOUSING CORPORATION			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island ELDERLY & HANDICAPPED HOUSING			
4. NAICS Code 624229					
6. Principal Office Address 170A LAKE ERIE ST.		City MIDDLETOWN	State RI	Zip 02842	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JANE LUDERER			Vice-President Name		
Street Address 17 HEATH ST.			Street Address		
City NEWPORT	State R.I.	Zip 02840	City	State	Zip
Secretary Name FLORENCE ARCHAMBAULT			Treasurer Name		
Street Address 129 A LAKE ERIE ST.			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name ROBERT SABEL			Director Name MARY NEWMAN		
Street Address 222 UNION ST			Street Address 58 FAREWELL ST		
City PORTSMOUTH	State R.I.	Zip 02871	City NEWPORT	State RI	Zip 02840
Director Name LYNNE MAHER			Director Name BARBARA BENSON		
Street Address 501 BELLEVUE AVE			Street Address 53 TILDEN AVE.		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 FLORENCE ARCHAMBAULT					Date 6/29/21
Signature of Officer/Authorized Representative <i>Florence Archambault</i>					