



State of Rhode Island

Department of State - Business Services Division

FILED

JUN 30 '21 10:17AM

JUL 20 2021

COVENTRY HOUSING

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.

RECD

1. Entity ID Number 90748		2. Exact name of the Corporation COVENTRY HOUSING ASSOCIATES, CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE SAFE, DECENT AND AFFORDABLE HOUSING THROUGH PROGRAMS			
4. NAICS Code 624229 - Other Community H					
6. Principal Office Address 14 MANCHESTER CIRCLE		City COVENTRY		State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ROBERT I. ELDRED			Vice-President Name DAN SHEA		
Street Address 562 PLAINFIELD PIKE			Street Address 55 TRELIS DRIVE		
City GREENE	State RI	Zip 02827	City WEST WARWICK	State RI	Zip 02893
Secretary Name R. DAVID JERVIS			Treasurer Name MAUREEN K. JENDZEJEC		
Street Address 300 ABBOTTS CROSSING ROAD			Street Address 26 ROBBINS DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name ROBERT I. ELDRED			Director Name DAN SHEA		
Street Address 562 PLAINFIELD PIKE			Street Address 55 TRELIS DRIVE		
City GREENE	State RI	Zip 02827	City WEST WARWICK	State RI	Zip 02893
Director Name HAROLD L. TRAFFORD, JR.			Director Name MAUREEN K. JENDZEJEC		
Street Address 16 CENTRE STREET			Street Address 26 ROBBINS DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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 ROBERT I. ELDRED				Date 06/28/21	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Non-Profit Corporation Annual Report 2021

Attachment
COVENTRY HOUSING ASSOCIATES, CORPORATION
Corporate ID # 90748

Additional Names and Addresses of the Directors:

1. R. DAVID JERVIS
300 ABBOTTS CROSSING ROAD
COVENTRY, R.I. 02816