

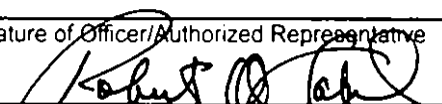


State of Rhode Island
Department of State - Business Services Division

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.

FILED
JUL 22 2021
 STAMP
 02
 2940

1. Entity ID Number 506696		2. Exact name of the Corporation SANDYWOODS HOMES, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Church Community Housing Corporation			
4. NAICS Code 624229 - Other Community Hou					
6. Principal Office Address 50 WASHINGTON SQUARE		City NEWPORT	State RI	Zip 02840	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARJORIE E. JENSEN			Vice-President Name PAUL MURPHY		
Street Address 425 SAMPAN AVENUE			Street Address 423 UNION STREET		
City JAMESTOWN	State RI	Zip 02835	City PORTSMOUTH	State RI	Zip 02871
Secretary Name ROBERT M. SABEL			Treasurer Name ROBERT M. SABEL		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 SUSAN BODINGTON			Director Name ELIZABETH PHELPS		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name PATRICIA SARGENT			Director Name MARJORIE E. JENSEN		
Street Address 50 WASHINGTON SQUARE			Street Address 425 SAMPAN AVENUE		
City NEWPORT	State RI	Zip 02840	City JAMESTOWN	State RI	Zip 02835
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 ROBERT M. SABEL				Date 6/18/2021	
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