



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**  
 2800

1. Entity ID Number 128769		2. Exact name of the Corporation FREEDOM HOUSING CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To provide elderly or disable persons with housing facilities and services			
4. NAICS Code 624229 Other Community H <input type="checkbox"/>					
6. Principal Office Address 50 WASHINGTON SQUARE		City NEWPORT		State RI	Zip 02840
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name PATRICIA SARGENT			Vice-President Name BARBARA O'REILLY		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name PATRICIA SARGENT			Treasurer Name FRANCIS L. PARANZINO		
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 <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAUL MURPHY			Director Name PAULA STOOS		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name BARBARA WINKLER			Director Name JOANNA SULLIVAN		
Street Address 50 WASHINGTON SQUARE			Street Address 50 WASHINGTON SQUARE		
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.					
<b>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.</b>					
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 PATRICIA SARGENT				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

FORM 631 - Revised: 08/2020