



State of Rhode Island  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000046291

2. Name of Corporation The Rhode Island Coalition For The Homeless, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813319

4. Principal Office Address

No. and Street: 1070 MAIN STREET, SUITE 304

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ADVOCACY, TRAINING AND EDUCATION, TECHNICAL ASSISTANCE, INFORMATION AND REFERRAL

6. Names and Addresses of the Officers and Directors:

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | VANESSA VOLZ                                   | 386 SMITH ST<br>PROVIDENCE, RI 02908 USA                   |

|                |                       |                                                           |
|----------------|-----------------------|-----------------------------------------------------------|
| TREASURER      | EILEEN HAYES          | 415 FRIENDSHIP ST<br>PROVIDENCE, RI 02907 USA             |
| SECRETARY      | TRAVIS ESCOBAR        | 50 VALLEY ST<br>PROVIDENCE, RI 02909 USA                  |
| VICE PRESIDENT | JIM JAHNZ             | 474 BROADWAY<br>PAWTUCKET, RI 02860 USA                   |
| DIRECTOR       | RUSSELL PARTRIDGE     | 56 SPRUCE ST.<br>WESTERLY, RI 02891 USA                   |
| DIRECTOR       | NATHAN NAGBE-LATHROBE | 185 KING PHILIP RD.<br>RUMFORD, RI 02916 USA              |
| DIRECTOR       | MARJORIE CASSION      | 63 BUDLONG AVE<br>WARWICK, RI 02888 USA                   |
| DIRECTOR       | AROLIN TORRES         | 95 EVERGREEN ST<br>PROVIDENCE, RI 02906 USA               |
| DIRECTOR       | CAROL ANN MORRIS      | 23 ORCHARD AVE<br>GREENVILLE, RI 02828 USA                |
| DIRECTOR       | CHRIS CRAWFORD        | 11 HELM ST<br>JAMESTOWN, RI 02835 USA                     |
| DIRECTOR       | ALEX SPEREDELOZZI     | 102 SLATER AVE<br>PROVIDENCE, RI 02906 USA                |
| DIRECTOR       | JENNIFER BARRERA      | LUCYS HEARTH , WEST MAIN ROAD<br>MIDDLETOWN, RI 02842 USA |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ALAN FLAM 1070 MAIN STREET PAWTUCKET , RI 02860

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 31 Day of October, 2021 at 3:17:47 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By CAITLIN FRUMERIE  
Signature of Authorized Person

Form No. 631  
Revised 09/07