



**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: February 1 - May 1*

*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:** 2022

**1. Corporate ID No.** 000142180

**2. Name of Corporation** Statewide Workforce Housing, 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



624229

**4. Principal Office Address**

No. and Street: ONE COURTHOUSE SQUARE

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

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

PROMOTING, SPONSORING, CONSTRUCTING, REHABILITATING AND RENOVATING  
HOUSING FOR LOW AND MODERATE INCOME FAMILIES, THE HANDICAPPED AND  
THE ELDERLY IN THE STATE OF RHODE ISLAND

**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             | Address                                         |
|-----------|-----------------------------|-------------------------------------------------|
|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | JAMES J PRESCOTT            | 4 MEADOW CIRCLE                                 |

|          |                       |                                                       |
|----------|-----------------------|-------------------------------------------------------|
|          |                       | BARRINGTON, RI 02806 USA                              |
| DIRECTOR | SUZANNE WORRELL GEMMA | 2 HOWLAND FARM RD<br>EAST GREENWICH, RI 02818 USA     |
| DIRECTOR | LINDA SILVEIRA        | 7 FAIRVIEW ST<br>BRISTOL, RI 02809 USA                |
| DIRECTOR | GUY DUFAULT           | 45 PARDON'S WOOD LANE<br>EAST GREENWICH, RI 02818 USA |
| DIRECTOR | TERRENCE J MARTZIAL   | 11 FULLER ST<br>PORTLAND, ME 04103 USA                |
| DIRECTOR | PAUL DIMEO            | 25 LORING AVE<br>PROVIDENCE, RI 02903 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**

MARK TIGAN ONE COURTHOUSE SQUARE NEWPORT , RI 02840

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

**Signed this 12 Day of April, 2022 at 6:08:30 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 CYNTHIA LANGLYKKE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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