



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2022

202-3040

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 OCT -5 A 11:57

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 68348		2. Exact name of the Corporation RAINBOW HOUSE			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island SOBEN transitional Housing			
4. NAICS Code 624229					
6. Principal Office Address 57 Rolfe Sq			City Cranston	State RI	Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALLAN McKINNON			Vice-President Name		
Street Address 165 BENJAMIN ST			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name ED MORRIS			Treasurer Name ALLAN McKINNON		
Street Address P.O. BOX 3671			Street Address 165 BENJAMIN ST		
City Cranston	State RI	Zip 02910	City Pawtucket	State RI	Zip 02860
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 MICHAEL DANAHAY			Director Name ALLAN McKINNON		
Street Address P.O. BOX 100582			Street Address 165 BENJAMIN ST		
City Cranston	State RI	Zip 02910	City Pawtucket	State RI	Zip 02860
Director Name ED MORRIS			Director Name WYNNE WILLIAMS		
Street Address P.O. BOX 3671			Street Address 53 Boyden ST		
City Cranston	State RI	Zip 02910	City Brookton	State MA	Zip 02302
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 President Allan Allan McKINNON					Date 10/4/22
Signature of Officer/Authorized Representative <i>President Allan McKINNON</i>					

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

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