



**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: 2023

1. Corporate ID No. 000089950

2. Name of Corporation Narragansett Affordable Housing Corporation

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: 25 FIFTH AVENUE

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: USA

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

HOUSING

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	MICHAEL C MCLOUGHLIN	102 WEATHERVANE ROAD WAKEFIELD, RI 02879- USA
VICE PRESIDENT	CHERYL A HARTNETT	233 MULBERRY DRIVE WAKEFIELD, RI 02879 USA
DIRECTOR	MICHAEL BRENNAN	24 CHESTNUT AVENUE NARRAGANSETT, RI 02882 USA
DIRECTOR	GEORGE LENIHAN	140 POINT JUDITH ROAD, UNIT 20 NARRAGANSETT, RI 02882 USA
DIRECTOR	JAMES ARRIGHI	48 MAYWOOD ROAD NARRAGANSETT, RI 02882 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

ROBERT J. DONNELLY, ESQ. 133 OLD TOWER HILL ROAD WAKEFIELD , RI 02879

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

Signed this 20 Day of March, 2023 at 4:35:58 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 MICHAEL C. MCLOUGHLIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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