



**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. 000065048

2. Name of Corporation HABITAT FOR HUMANITY OF WEST BAY AND NORTHERN RHODE ISLAND, 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: 166 MASSACHUSETTS AVENUE
P.O. BOX 6743

City or Town: PROVIDENCE

State: RI Zip: 02905 Country: USA

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

TO BUILD AND RENOVATE HOUSES FOR PEOPLE IN NEED

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 |
|----------------|---|---|
| TREASURER | CHRISTOPHER SPAGNOLE MR | 266 ROSEMONT AVENUE JOHNSTON, RI 02919 USA |
| SECRETARY | DEBRA STACEY MS | 166 MASSACHUSETTS AVENUE PROVIDENCE, RI 02905 USA |
| PRESIDENT | RICHARD J MASNYK JR | 52 LINWOOD AVENUE WHITINSVILLE, MA 01588 USA |
| VICE PRESIDENT | GEORGE GIFFORD | 4096 MENDON ROAD CUMBERLAND, RI 02864 US |
| DIRECTOR | EARL MARSH MR | 9 COOK ROAD CUMBERLAND, RI 02864 USA |
| DIRECTOR | KELLY MCCALLISTER MR | 15 GAZZA ROAD CHEPACHET, RI 02814 USA |
| DIRECTOR | CLAUDIA ROCHA MRS | 35 JENNA WAY CUMBERLAND, RI 02864 USA |
| DIRECTOR | GEORGE GIFFORD MR | 4096 MENDON ROAD CUMBERLAND, RI 02864 USA |
| DIRECTOR | GARY LEFRANCOIS MR | 6 JENNINGS AVENUE APT. A CRANSTON, RI 02920 USA |
| DIRECTOR | LOUISE CARRIERE | 1 TANGLEWOOD ROAD NORTH SMITHFIELD, RI 02896 USA |
| DIRECTOR | CRYSTAL RAVIELE | 67 FAIRWAY DRIVE ATTLEBORO, MA 02703 USA |
| DIRECTOR | AMY GATES | 3642 DARSTON ST PALM HARBOR, FL 34685 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

DEBRA J. STACEY 166 MASSACHUSETTS AVENUE PROVIDENCE , RI 02905

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

Signed this 28 Day of March, 2023 at 10:07:22 AM 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 DEBRA STACEY
Signature of Authorized Person

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