



**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. 000149606

2. Name of Corporation Dartmouth 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: ONE PARK ROW, SUITE 300

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

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

TO OWN, DEVELOP, REHABILITATE, OPERATE AND MANAGE HOUSING FOR
LOW-INCOME RESIDENTS

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
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JACQUELYN E. MCDONALD	48 ROBERT STREET DARTMOUTH, MA 02747 USA
TREASURER	JACQUELYN E. MCDONALD	48 ROBERT STREET DARTMOUTH, MA 02747 USA
SECRETARY	LOUISE C. MCDONALD	48 ROBERT STREET DARTMOUTH, MA 02747 USA
DIRECTOR	LOUISE C. MCDONALD	48 ROBERT STREET DARTMOUTH, MA 02747
DIRECTOR	JACQUELYN E. MCDONALD	48 ROBERT STREET DARTMOUTH, MA 02747 USA
DIRECTOR	SHAWN D. MCDONALD	48 ROBERT STREET DARTMOUTH, MA 02747 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

DREW P. KAPLAN, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

Signed this 5 Day of April, 2023 at 12:41:01 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 JACQUELYN E. MCDONALD
Signature of Authorized Person

Form No. 631
Revised 09/07

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