



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

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

APR 20 2023 TAMP
4022

1. Entity ID Number 308667		2. Exact name of the Corporation Manville Housing Corp.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide elderly or disabled person with housing facilities and services specially designed to meet their physical, social, and psychrological needs.			
4. NAICS Code 624229 - Other Community H <input type="checkbox"/>					
6. Principal Office Address 1029 Mendon Road			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John MacQueen			Vice-President Name Edward Mulholland		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Paul Gagne			Treasurer Name Joanne Buttie		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Joanne Buttie			Director Name John MacQueen		
Street Address 1029 Mendon Road			Street Address 1029 Mendon Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Dan Oullette			Director Name		
Street Address 1029 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date 3/21/2023	
Signature of Officer/Authorized Representative <i>Peter Bonchinski</i>					