



State of Rhode Island

Department of State - Business Services Division

FILED

APR 21 2023

BY 3753

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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.

1. Entity ID Number 505043		2. Exact name of the Corporation George Galen Wheeler House, Inc					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Community development corporation that provides affordable housing, shelters, and services to the homeless population.					
4. NAICS Code 624229 - Other Community Hou							
6. Principal Office Address 3188 Post Road				City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name Michael Maynard				Vice-President Name Julia Noguchi			
Street Address 95 Hilltop Drive				Street Address 210 Pleasant Street			
City Warwick		State RI	Zip 02818		City Rumford		State RI
						Zip 02916	
Secretary Name Kelsey Lima				Treasurer Name Thomas Beverly			
Street Address 40 Becker Avenue				Street Address 101 Mystery Farms Drive			
City Riverside		State RI	Zip 02915		City Cranston		State RI
						Zip 02921	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name Laura Jaworski				Director Name William Stein			
Street Address 51 Bishop Avenue				Street Address 83 Vincent Avenue			
City East Providence		State RI	Zip 02916		City North Providence		State RI
						Zip 02904	
Director Name Antoinette Ferrara				Director Name			
Street Address 69 Home Ave				Street Address			
City Providence		State RI	Zip 02908		City		State
						Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.							
<b>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.</b>							
<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 Laura Jaworski Razza						Date 3/16/2023	
Signature of Officer/Authorized Representative 							

MAIL TO:  
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