



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

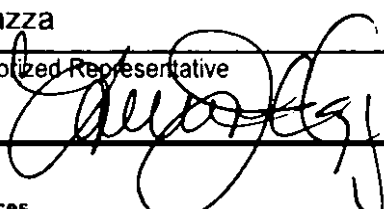
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 21 2023

BY 3753

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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). Check the box to indicate an attachment <input type="checkbox"/>					
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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Laura Jaworski Razza					Date 3/16/2023
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023