



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
RECEIVED MAR 17 2023
 APR 26 2023
 BY 2016305
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1. Entity ID Number 000154612		2. Exact name of the Corporation Little Compton Housing Trust, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To serve as an advocacy group for any person or group desiring to address the problem of housing affordability or housing for the elderly, those with special needs and families of low and moderate income			
4. NAICS Code 624229					
6. Principal Office Address Little Compton Town Hall, 40 Commerce P.O. Box 226		City Little Compton RI	State RI	Zip 02837	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patrick Bowen			Vice-President Name NONE		
Street Address 225A Long Highway			Street Address ---		
City Little Compton	State RI	Zip 02837	City ---	State ---	Zip ---
Secretary Name Isabel Mattia			Treasurer Name Andrew Triarte-Moore		
Street Address 48 Burchard Ave			Street Address 4 Watson Way		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
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 Susan Bodington			Director Name Claudia McNeil		
Street Address 1 Tisbury Way			Street Address 446 Long Highway		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name Amanda Nickerson Toste			Director Name ---		
Street Address PO Box 591			Street Address ---		
City Little Compton	State RI	Zip 02837	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 Isabel Mattia					Date 2/13/2023
Signature of Officer/Authorized Representative 					