



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

MAY 17 2023

BY

1. Entity ID Number 000029237		2. Exact name of the Corporation Public Housing Association of Rhode Island (PHARI)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Development and administration of Public Housing and Section 8 Programs.			
4. NAICS Code 624229					
6. Principal Office Address 50 Birch Street			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert Coupe			Vice-President Name Julie Leddy		
Street Address 50 Birch Street			Street Address 14 Manchester Circle		
City Cranston	State RI	Zip 02920	City Coventry	State RI	Zip 02816
Secretary Name Donna Conway			Treasurer Name Claudette Kuligowski		
Street Address 45 Nate Whipple Highway			Street Address 10 Franklin Street		
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Melissa Sanzaro			Director Name Rhonda Mitchell		
Street Address 100 Broad Street			Street Address 120B Hillside Avenue		
City Providence	State RI	Zip 02903	City Newport	State RI	Zip 02840
Director Name Robert Coupe			Director Name Julie Leddy		
Street Address 50 Birch Street			Street Address 14 Manchester Circle		
City Cranston	State RI	Zip 02920	City Coventry	State RI	Zip 02816
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 Robert Coupe				Date May 9, 2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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