



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

MAY 22 2023
1317
S.F.P.
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- 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 119108	2. Exact name of the Corporation Fellowship Realty Corp.		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To provide affordable housing exclusively to persons with disabilities.		
4. NAICS Code 623220			

6. Principal Office Address 24 Albion Road, Suite 420	City Lincoln	State RI	Zip 02865
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kurt Miceli		Vice-President Name N/A	
Street Address 30 Dream Valley Drive		Street Address	
City Newtown Square	State PA	Zip 19073	
Secretary Name Stephen Duggan		Treasurer Name Karen LeBlanc	
Street Address 15 Chase Drive		Street Address 23 Lemieux Ave.	
City Cranston	State RI	Zip 02920	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 checked="" type="checkbox"/>			
Director Name Sarah Charette		Director Name Robert Colucci	
Street Address 195 Plainfield Pike		Street Address 85 E. Matunuck Farm Drive	
City Foster	State RI	Zip 02825	City Wakefield State RI Zip 02879
Director Name Michael Fitzpatrick		Director Name Kristen Guilfoyle	
Street Address 293 Chatham Circle		Street Address 15 Dillon Lane	
City Warwick	State RI	Zip 02886	City Smithfield State RI Zip 02917

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 Stephen M. Duggan	Date 5/11/2023
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Signature of Officer/Authorized Representative
Stephen M. Duggan

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

8. BOARD OF DIRECTORS LIST, CONTINUED

DIRECTOR NAME CHARLES MCLISTER
STREET ADDRESS 211 MOORE LANE
CITY HADDONFIELD
STATE NJ
ZIP 08033

DIRECTOR NAME JEREMY SUNKETT
STREET ADDRESS 111 ELWYN ROAD
CITY ELWYN
STATE PA
ZIP 19063