



State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 JUL -7 P 2:17

1. Entity ID Number 001674855		2. Exact name of the Corporation SF Development, Inc.			
3. Principal Office Address 861A Broad Street		City Providence	State RI	Zip 02907	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island To own and develop housing for low income individuals and families. Title 7-1.2-1701			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank T. Shea			Vice-President Name Charlotte Thomas-Davison		
Street Address 861A Broad Street			Street Address 861A Broad Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		4,000	CNP	\$0.0000	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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>					
Name of Authorized Representative Frank T. Shea				Date July 7, 2023	
Signature of Authorized Representative 					

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

FILED

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FORM 630- Revised 04/2023

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